



**Arkansas Department  
of Human Services**  
Division of Developmental Disabilities Services



***DDS CERTIFICATION  
STANDARDS***

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***ACS WAIVER SERVICES***

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## PHILOSOPHY & MISSION STATEMENT

The Division of Developmental Disabilities Services (DDS), the DDS Board, and its providers are dedicated to the pursuit of the following goals:

- Advocating for adequate funding, staffing, and services to address the needs of persons with developmental disabilities.
- Encouraging an interdisciplinary service system to be utilized in the delivery of appropriate individualized and quality services.
- Protecting the constitutional rights of individuals with disabilities and their rights to personal dignity, respect and freedom from harm.
- Assuring that individuals with developmental disabilities who receive services from DDS are provided uninterrupted essential services until such time a person no longer needs to depend on these services.
- Encouraging family, parent/guardian, individual, and public/community involvement in program development, delivery, and evaluation.
- Engaging in statewide planning that ensures optimal and innovative growth of the Arkansas service system to meet the needs of persons with developmental disabilities and to assist such persons to achieve independence, productivity, and integration into the community.

To accomplish its mission, DDS, the DDS Board, and its providers are committed to the principle and practices of: normalization; least restrictive alternatives; affirmation of individuals' constitutional rights; provision of quality services; the interdisciplinary service delivery model; and the positive management of challenging behaviors.

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## INTRODUCTION

The certification standards for ACS Waiver Services have been develop and implemented to accomplish: normalization, least restrictive alternatives, affirmation of individuals' constitutional rights, provision of quality services, the interdisciplinary service delivery model, and the positive management of challenging behaviors.

Plan of cares shall be develop and implemented with the participation of the individual (18 years and older), as appropriate, the family, and representatives of the services required. The team is responsible for assessing needs, develop and implementing a plan to meet them, and contributing to its implementation.

NOTE: It is imperative that all Medicaid providers be enrolled with the Division of Medical Services and meet all enrollment requirements for the specific Medicaid Program for which they are enrolling as an Arkansas Medicaid Provider.

All standards are applicable to all services provided, unless otherwise specified.

Administrative Rules and Regulation Sub-Committee of the  
Arkansas Legislative Council: October 4, 2007

Effective Date: November 1, 2007

Implementation Date: November 1, 2007

Grandfathering Period: November 1, 2007-October 31, 2008

## 100 GOVERNING BOARD/ORGANIZATION / LEADERSHIP

**Guiding Principles:** The Governing Board/organization/Leadership is that body of people who have been chosen by the corporation and vested with legal authority to be responsible for directing the business and affairs of the corporation. The responsibilities assumed by each Board/organization member by their acceptance of membership are to provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability.

The mission statement of the organization is based on the Board/organization's philosophical motivations, the services provided, and values of the members. The mission statement should identify the population to be served and the services to be provided. This description shall be nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership.

**NOTE:** See Arkansas Code Ann. §§ 20-48-201 - 20-48-211 for examples of Board/organization responsibilities.

**NOTE:** All information regarding your organization shall be readily available to staff, consumers, referral and funding sources, and the interested public pursuant to the Freedom of Information Act.

- 101 The organization shall be legally incorporated under the appropriate federal, state or local statutes as defined by its official Articles of Incorporation and registered to do business in the State of Arkansas.
- A. The governing body should periodically review the appropriateness of its governing documents. (Ark. Code Ann. §§ 20-48-201 – 20-48-211). This shall include the organizations mission statement as filed with the Secretary of State, and the Articles of Incorporation.
  - B. Any changes in the Articles of Incorporation must be filed with the Secretary of State. This includes name changes, amendments, or any reconstitution of the Governing Board/organization. The organization shall provide copies of any changes to DDS upon filing.
- 102 Bylaws shall be established which govern the internal affairs of the organization and will address each of the following areas as applicable:
- A. Composition of Board:
    - 1. This shall include the number of Board members and the eligibility criteria (i.e. citizenship and residency).
    - 2. Selection of Board members
      - a. Twenty percent (20%) consumer and advocate representation on the Board is required. (*Note: defined as a consumer, immediate family member or guardian of a consumer receiving services or has received services at the organization or person in a qualified position that advocates on behalf of the population served*)

- B. Term of membership:
  - 1. Number of years as dictated by the organization's Articles of Incorporation.  
*Note: It is recommended that membership on the governing body be rotated periodically.*
- C. Replacement/removal of directors:
  - 1. Refers to written criteria for Board membership. Shall include any contingency to include but not be limited to resignation of Board/organization members and removal for non-attendance or other reasons.
- D. Election of officers and directors:
  - 1. Describe the election process
- E. Duties and responsibilities of Board officers are described in writing
  - 1. Must document each position's purpose, structure, responsibilities, authority, if any, and the relationship of the advisory committee of Board members to other entities involved with the organization.
- F. Appointment of committees, if applicable;
  - 1. Duties and functions of standing committees are described in writing, if applicable.
- G. Meetings of the Board/organization and its committees. All meetings shall be planned, organized, and conducted in accordance with the organization's by-laws, policies, procedures, applicable statutes, or other appropriate regulations. In no event shall the full Board/organization meet less than four times per year.  
  
*Note: The Board/organization and its committees should meet with a frequency sufficient to discharge their responsibilities effectively.*
- H. The Board/organization shall adopt written procedures to guide the conduct of its meetings (i.e. Parliamentary Procedure, Robert's Rules of Order, etc.);
- I. The Board/organization shall maintain minutes of all actions taken by the Board/organization for review by DDS. Minutes shall accurately document all members present and any action taken at the committee meetings to include any committee recommendations to the Board/organization.
  - 1. Written minutes of previous Board/organization meetings should be made available by posting the adopted minutes in a location convenient to the staff and individuals served, and made available to members of the public upon request, as required under the Freedom of Information Act.

103 The Board/organization shall establish a procedural statement addressing nepotism as it relates to Board/organization and staff positions.

103.1 The Board/organization shall establish a procedural statement addressing conflict of interest  
*Note: The intent of the standard does not rule out a business relationship, but does call for the governing body to decide in advance what relationships are in the best interest of the organization.*

- A. Paid employees may not serve as Board members. (Note: This DOES NOT include individuals receiving services.)  
*Note: Paid employees serving on the Board as of 11/01/07 may continue to serve for the remainder of their current term at which time they must rotate off the Board.*

- B. Directors of organizations may serve as non-voting ex officio Board members.
- 104 Board/organization meetings and public meetings as defined by Ark. Code Ann. §§ 25-19-106 shall be conducted at a time and place which make the meetings accessible to the public. Specifically, except as otherwise specifically provided by law, all meetings, formal or informal, special or regular, of the governing bodies of all municipalities, counties, townships, and school districts and all boards, bureaus, commissions, or organizations of the State of Arkansas, except grand juries, supported wholly or in part by public funds or expending public funds, shall be public meetings.
- A. Board/organization meetings and Executive sessions shall be announced to be in compliance with Ark. Code Ann. §§ 25-19-101 – 25-19-107 “Freedom of Information Act”
- B. All local media are to be notified one week in advance and a notice posted in a prominent place by the organization. Called meetings shall be announced to the local media and others who have requested notification at least two hours in advance of meeting. Documentation of Notification may include newspaper clippings, copy of item posted on bulletin Board/organization, radio contact forms, etc.
- D. If the meetings are held each month at the same time and location, one notification and posting shall be sufficient.
- 105 The Board/organization of Directors shall adopt a mission statement to guide its activities and to establish goals for the organization. The plan shall show evidence of participation by stakeholders (evidence of open meeting, letters of input, survey, questionnaire, etc.).
- 105.1 The Board/organization of Directors shall review the mission statement annually and shall make changes as necessary to ensure the overall goals and objectives of the organization are reflected in its mission.
- 106 The Board/organization maintains a plan which shall identify annual and long range goals; the plan should address community needs and target populations and should be reviewed and updated annually.
- A. Each Board/organization will develop and implement a long-range plan of action for that organization. Examples include, but are not limited to starting a new component, accessing individualized services in the community, etc.
- B. Development and implementation of the plan shall include stakeholder input. The organization shall maintain evidence of this input (i.e., letters of input, minutes of open meetings, questionnaires, surveys, etc.)
- C. The plan shall be reviewed annually and updated as needed. The Board/organization shall approve the initiation, expansion, or modification of the organization’s program based on the needs of the community and the capability of the organization to have an effect upon those needs within its established goals and objectives.
- Note: The Board/organization of Directors, at its discretion, may assign this responsibility to staff.*

- 107 The Board/organization shall demonstrate corporate social responsibility while maintaining overall accountability for the administration and direction of the organization, and shall delegate authority and responsibility to executive leadership as deemed appropriate by the organization.
- A. The organization shall identify:
    - 1. Its leadership structure.
    - 2. The roles and responsibilities of each level of leadership.
  - B. The identified leadership shall guide the following:
    - 1. Establishment of the mission and direction of the organization.
    - 2. Promotion of value/achievement of outcomes in the programs and services offered.
    - 3. Balancing the expectations of both the persons served and other stakeholders, as defined by the organization's policies.
    - 4. Financial solvency.
    - 5. Compliance with insurance and risk management requirements.
    - 6. Ongoing performance improvement.
    - 7. Development and implementation of corporate responsibilities.
    - 8. Compliance with all legal and regulatory requirements.
  - C. The organization shall respond to the diversity of its stakeholders with respect to:
    - 1. Culture.
    - 2. Age.
    - 3. Gender.
    - 4. Sexual orientation.
    - 5. Spiritual beliefs.
    - 6. Socioeconomic status.
    - 7. Language.
- 108 The Board/organization shall create a mechanism for monitoring the decisions and operations of the organization's programs which includes provisions for the periodic review and evaluation of its program in relation to the program goals. Documentation of the review must be maintained on file for review. Documentation may include but not be limited to Board/organization minutes, reports, etc.

**Guiding Principle:** An organized training program for Board/organization Members prepares them for their responsibilities and assures that they are kept up-to-date on issues concerning services offered to individuals with a developmental disability.

- 109 The Board shall maintain a general plan for Board/organization training and will ensure that all items listed as required topics are covered in the required three-hour training.
- A. Training shall be provided for all Board/organization members. Where the Board, because of its size, lacks sufficient resources to conduct a training program, it will make arrangements with another Board, organization, agency, appropriate community resource, or training organization to provide such training.



- 109.1 New Board Members must participate in a minimum of three hours of training.
- A. The following topics shall be required during the first year of service
    - 1. Functions and Responsibilities of the Board
    - 2. Composition and Size of the Board
    - 3. Legal Responsibilities
    - 4. Funding Sources and Responsibilities,
    - 5. Equal Employment Opportunity/Affirmative Action,
    - 6. Due Process
    - 7. Ark. Code Ann. §§ 25-19-101 – 25-19-107 “Freedom of Information Act of 1967”
    - 8. U. S. C. § 12101 et. seq. “Title 42 THE PUBLIC HEALTH AND WELFARE--CHAPTER 126—EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES--§ 12101. Findings and purpose”
    - 9. DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation;
    - 10. DHS Policy 1090, Incident Reporting.
    - 11. DDS Administrative Policy 1077
    - 12. Chemical Right to Know
    - 13. The Health Insurance Portability and Accountability Act (HIPAA)

*NOTE: POSSIBLE TRAINING RESOURCES INCLUDE ASPEN PUBLICATIONS, WHICH HAS MATERIALS ON BOARD/ORGANIZATION AND ADMINISTRATOR TRAINING.*

*([WWW.ASPENPUBLISHERS.COM](http://WWW.ASPENPUBLISHERS.COM)) Resources or additional information should be obtained from DDS Licensure.*

- B. All new Board members as they begin service shall participate in training. Board members may disseminate training information to new Board members if they are unable to attend formal training sessions. Documentation of the information provided, date provided and the board member(s) involved must be maintained for review by DDS. (Note: Training may be documented in Board minutes or by Certificates of Attendance.)

- 109.2 All Board members shall complete a minimum of three hours annual training. Topics may be selected by the Board of Directors and must be germane to the annual plan and services provided. Training should be documented in Board minutes, by Certificates of Attendance or sign in sheets from approved training.

- 110 Board members shall visit service components of the organization during operating hours yearly.

- A. All components of the organization must be observed annually. If on-site observations to each physical location are not feasible, at least 1 physical site from each service component must be observed during the calendar year. The sites must be rotated yearly. Committees or individual Board Members may be appointed to visit specific components and report back to the other Board members on observations. Documentation of reports in Board minutes shall be accepted as verification.

- 111 The Board/organization shall establish and approve policies and procedures which define Eligibility criteria, Readmission criteria, and transition/discharge/exit criteria

- 112 The Board/organization shall establish policy regarding financial oversight of the organization that addresses the following:
- A. The organization's financial planning and management activities reflect strategic planning designed to meet:
    - 1. Established outcomes for the persons served.
    - 2. Organizational performance objectives.
  - B. Budgets are prepared that:
    - 1. Include:
      - a. Reasonable projections of revenues and expenditures.
      - b. Input from various stakeholders, as required.
      - c. Comparison to historical performance.
    - 2. Are disseminated to:
      - a. Appropriate personnel.
      - b. Other stakeholders, as appropriate.
    - 3. Are written.
  - C. Actual financial results are:
    - 1. Compared to budget.
    - 2. Reported to:
      - a. Appropriate personnel.
      - b. Persons served, as appropriate.
      - c. Other stakeholders, as required.
    - 3. Reviewed at least quarterly.
  - D. The organization identifies and reviews, at a minimum:
    - 1. Revenues and expenses.
    - 2. Internal and external:
      - a. Financial trends.
      - b. Financial challenges.
      - c. Financial opportunities.
      - d. Business trends.
      - e. Management information.
    - 3. Financial solvency, with the development and implementation of remediation plans, if appropriate.
- 113 For-profit organizations or organizations who receive less than \$10,000 in compensation for services under this program shall submit a compilation report that includes a balance sheet and statement of revenue and expense to DDS at the close of each financial period.

**Note: Sections 102 & 104 do not apply to organizations that are not governed by a Board of Directors**

## 200 PERSONNEL PROCEDURES & RECORDS

- 201 The organization shall maintain written personnel procedures that are approved by the Board/organization and are reviewed annually and which conform to state and federal laws, rules and regulations.

*NOTE: DDS SHALL NOT BECOME DIRECTLY INVOLVED IN PERSONNEL ISSUES UNLESS IT DIRECTLY IMPACTS CONSUMER CARE AND/OR SAFETY.*

- 201 Personnel procedures shall be clearly stated and available in written form to employees as required by 42 U.S.C. § 2000a – 2000 h-6 “Title VI of the Civil Rights Act of 1964” and U.S.C. § 12101 et. Seq. Americans with Disabilities Act. These include but are not limited to:
- A. Hiring and promotional procedures which are nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership
  - B. A procedure for discipline, suspension and/or dismissal of staff which includes opportunities for appeal
  - C. An appeals procedure allowing for objective review of concerns and complaints
- 201.1 One copy of the organization’s Personnel procedures must be available in the personnel or administrator’s office. This copy must be readily accessible to each employee.
- 201.2 The organization shall develop and implement and implement steps to voice grievances within the organization. All grievances are subject to review by the Governing Board/organization’s leadership and Court of Law (29 U.S.C. §§ 706(8), 794 – 794(b), the “Rehabilitation Act of 1973 Section 504; 20 U.S.C. § 1400 et. Seq. Section 615 “The Individual with Disabilities Education Act”.
- A. All steps in the Grievance Procedure should be time-bound and documented, including initial filing of grievance.
- 201.3 The organization shall develop and implement and implement policies and procedures for a positive result on pre-employment and random drug screens.
- 202 Prior to employment, a completed job application must be submitted which includes the following documents.
- A. The organization shall obtain and verify PRIOR to employment and maintain documentation of the following:
    - 1. The credentials required
    - 2. That required credentials remain current
    - 3. The applicant has completed a statement related to criminal convictions
    - 4. A criminal background check has been initiated. DDS requires criminal background checks for all direct care staff, **including** spouses and any person over the age of 18 residing in an alternative living home, or group home. Refer to DDS Policy 1087.
    - 5. Declaration of truth of statement on job application.

6. A release to complete reference checks is signed and reference checks have been completed
7. Documentation of successfully completed drug screen in accordance with the organization's policies and procedures  
*Note: Current employees hired prior to November 1, 2007, will not be expected to meet this requirement until the organization's policies and procedures are in place, not to exceed October 31, 2008.*
8. Statement filed that the employee understands that he/she is subject to random and "for cause" drug tests thereafter

*NOTE: THE ITEMS IN 202A.5 AND 202A.6 WILL NOT BE RATED FOR EMPLOYEES HIRED PRIOR TO JULY 1, 1986.*

- B. The organization shall obtain and verify within 30 days of employment and maintain documentation of the following:
  1. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted, **including** spouses and any adult over the age of 18 residing in a alternative living home or group home
  2. Arkansas Child Maltreatment Central Registry Ark. Code Ann. §§ 12-12-501 – 12-12-515 has been completed and the response is filed, or a second request submitted, **including** spouses and any adult over the age of 18 residing in a alternative living home or group home. This check will provide documentation that prospective employee's name and/or adult family members' names do not appear on the statewide Central Registry.
    - a. Each agency shall adopt policies addressing what actions will be taken if an adult family member's name appears on these registries when the individual being served is in an alternative living home, or group home.
    - b. The organization should adopt policy requiring subsequent criminal checks and registry checks.
  3. TB skin test
    - a. Renewed yearly for ALL STAFF.
  4. Hepatitis B series or signed declination
  5. The results of criminal background check for employee and all individuals over the age of 18 residing in the home will be on file. A closed file within the employee's personnel file shall contain results of the criminal background checks for all individuals over the age of 18 residing in their home.
  6. Employment reference verification and signed release
    - a. On file within thirty (30) days of hire date

*Note: Any person who submits evidence of holding a current professional license shall not be subject to the requirements under B 1, 2 and 5 of this section.*

- C. The organization shall obtain and verify information in 202 A and B in response to information received (i.e., a complaint is received that a person's license has lapsed or a person has been convicted of a crime since they were hired).
- 203 The organization shall ensure sub-contractor's services meet all applicable standards and will assess performance on a regular basis.
- A. The organization shall ensure that sub-contractors providing direct care services are in compliance with DDS policies and must have verification and documentation of all applicable items listed in 202A.

*Note: Any person who submits evidence of holding a current professional license shall not be subject to the requirements under Section 202B 1, 2 and 5 of this section.*
  - B. The organization shall demonstrate:
    - 1. Reviews of all contract personnel utilized by the organization that:
      - a. Assess performance of their contracts
      - b. Ensure all applicable policies and procedures of the organization are followed
      - c. Ensure they conform to DDS standards applicable to the services provided
      - d. Are performed annually
- 204 The organization shall develop and implement, implement and monitor policies and procedures for staff recruitment and retention so that sufficient staff is maintained to ensure the health and safety of the individuals served, according to their plans of care.
- A. The organization must ensure there are an adequate number of personnel to:
    - 1. Meet the established outcomes of the persons served.
    - 2. Ensure the safety of persons served.
    - 3. Deal with unplanned absences of personnel and ensure that adequate staff is available to provide care as required by the individual Plan of care
    - 4. Meet the performance expectations of the organization.
  - B. The organization shall demonstrate:
    - 1. Recruitment efforts.
    - 2. Retention efforts.
    - 3. Identification of any trends in personnel turnover.
- 205 The organization shall develop and implement and implement procedures governing access to staff members' personnel file.
- A. An access sheet shall be kept in front of the file to be signed and dated by those who are examining contents, with stated reasons for examination.
  - B. The policy shall clearly state who, when, and what is available concerning access to personnel files and be in compliance with the Federal Privacy Act and Freedom of Information Act. At no time shall the policy allow access that violates the provisions of the Health Insurance Portability and Accountability Act (HIPAA).

- 206 The organization shall develop and implement written job descriptions which describe the duties, responsibilities, and qualifications of each staff position.
- A. The organization shall:
    - 1. Identify the skills and characteristics needed by personnel to:
      - a. Assist the persons served in the accomplishment of their established outcomes.
      - b. Support the organization in the accomplishment of its mission and goals.
    - 2. Assess the current knowledge and competencies of personnel at least annually.
    - 3. Provide for the orientation and training needs of personnel.
    - 4. Provide the resources to personnel for learning and growth.
    - 5. Identify the supervisor of the position and the positions to be supervised.
  - B. Performance management shall include:
    - 1. Job descriptions that are reviewed and/or updated annually.
    - 2. Promotion guidelines.
    - 3. Job posting guidelines.
    - 4. Performance evaluations for all personnel directly employed by the organization shall be:
      - a. Based on measurable objectives that tie back to specific duties as listed in the Job Description.
      - b. Evident in personnel files.
      - c. Conducted in collaboration with the direct supervisor with evidence of input from the personnel being evaluated.
      - d. Used to:
        - 1. Assess performance related to objectives established in the last evaluation period.
        - 2. Establish measurable performance objectives for the next year.
- 207 The organization shall establish policies/ practices for students, interns, volunteers and trainees utilized by the organization who have regular, routine contact with consumers.
- A. The organization shall define who has and what constitutes regular, routine contact with consumers.
  - B. If students, interns, volunteers or trainees are used by the organization, the following shall be in place:
    - 1. A signed agreement.
      - a. If professional services are provided, standards or qualifications applied to comparable positions must be met.
    - 2. Identification of:
      - a. Duties.
      - b. Scope of responsibility.
      - c. Supervision.
    - 3. Orientation and training.
    - 4. Assessment of performance.
    - 5. Policies and written procedures for dismissal.
    - 6. Confidentiality policies.
    - 7. Background checks, when required.

## 300 STAFF TRAINING

**Guiding Principle:** Staff Training is an organized program which prepares new employees to perform their assigned duties competently and maintains and improves the competencies of all employees. Staff Training for the organization shall provide an on-going mechanism for the evaluation of the impact of the program on services provided to individuals with developmental disabilities. This should include service outcomes to individuals, meeting of the organization objectives and overall mission, compliance with regulatory and professional standards and positive changes in staff performance and attitudes. The needs of individuals with developmental disabilities require the efforts of competent personnel who continually seek to expand knowledge in their fields.

- 300.1 Policy shall designate one or more staff positions to be responsible for coordinating in-service staff training.
- A. The employee responsible for staff training should have broad knowledge of care and service needs of persons with developmental disabilities, and possess the necessary skills to organize and implement an in-service training program
- 301 The organization shall establish a written training plan. This plan must show how the training will be provided and the areas covered. If training occurs during regularly scheduled service hours, documentation must be present that individual staff ratios were maintained.
- 301.1 ALL Personnel shall receive initial and annual competency-based training to include, but not limited to:
- A. Health and safety practices.
1. First Aid (review yearly, renew as required by American Heart Association or Red Cross, applicable for ALL direct service personnel)
    - a. There is immediate access to:
      - (1) First aid expertise.
      - (2) First aid equipment and supplies.
      - (3) Emergency information on the:
        - (a) Persons served.
        - (b) Personnel.
    - b. Infection Control Plan
      1. The organization shall implement an infection control plan that includes:
        - (a). Training regarding the prevention and control of infections and communicable diseases for:
          - (1). Persons served, when applicable.
          - (2). Personnel.
        - (b). The appropriate use of standard or universal precautions by all personnel.
        - (c). Procedures that specify that employees with infectious diseases shall be prohibited from contact with individuals until a physician's release has been provided to the organization director.

- B. Identification of unsafe environmental factors.
  - a. Issues Regarding Prevention of Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HIV) and other Bloodborne Pathogens
- C. Emergency procedures and Evacuation Procedures
  - a. Emergency and Disaster Preparedness
  - b. Fire and Tornado Drills, Violence in the Workplace, Bomb Threats, Earthquake
- D. General Information
  - a. Overview of Department of Human Services
  - b. Overview of Developmental Disabilities Services
  - c. Philosophy, Goals, Programs, Practices, Policies, and Procedures of Local Organization
  - d. HIPPA policies and procedures
  - e. Orientation to history of Developmental Disabilities
  - f. Current Issues Affecting Individuals with Developmental Disabilities
  - g. Introduction to Principles of Normalization
  - h. Procedures for Incident Reporting
  - i. Appeals Procedure for Individuals Served by the Program
  - j. Introduction to Behavior Management
  - k. Community Integration Training.
- E. Legal
  - a. Overview of Federal and State Laws related to serving individuals with a developmental disability (NOTE: Laws may change every 2 years)
  - b. Legal Rights of Individuals with Developmental Disabilities
  - c. Application of Federal Civil Rights Laws to Persons with AIDS or HIV related condition (or those who may be perceived to have AIDS or HIV related conditions).
  - d. Ark. Code Ann. §§6-41-201 – 6-41-222--The Children With Disabilities Act of 1973
  - e. Ark. Code Ann. §§20-48-201 – 20-48-211; --Arkansas Mental Retardation Act
  - f. Ark. Code Ann. §§25-19-101 – 25-19-107 --Freedom of Information Act
  - g. Ark. Code Ann. §§28-65-101 – 28-65-109; --Guardians Generally
  - h. Ark. Code Ann. §§5-28-101 – 5-28-109; --Abuse of Adults
  - i. Ark. Code Ann. §§12-12-501 – 12-12-515; --Arkansas Child Maltreatment Act
  - j. Ark. Code Ann. §§25-10-102 – 25-10-116; Department of Health and Human Services General Provisions
  - k. Ark. Code Ann. §§20-78-215 -- Child sexual abuse - Federal funds
  - l. U.S.C. § 12101 et. seq. --Americans with Disabilities Act of 1990 P. L. 101-336
  - m. 20 U.S.C. §1400 et. seq. (Part B and Part C -- P. L. 94-142 Individuals with Disability Education (IDEA) P.L. 99-457 Part C
  - n. 42U.S.C. §2000a – 2000 h-6-- Title VI of the Civil Rights Act of 1964



- o. 29 U.S.C. §§706 (8) Rehabilitation Act of 1973, 794 – 794(b) Section 504
- p. 5 U.S.C. §552a-- Federal Privacy Act
- q. 42 U.S.C. §6000-- Developmentally Disabled Assistance & Bill of Rights Act of 1984
- r. P. L. 109-171, Deficit Reduction Act, and 31 U.S.C. § 3729 et. Seq., False Claims Act

*Note: Documentation of prior training of individual staff may be used for the required topics, if this situation is addressed in the organization's training plan.*

301.2. Training for new ACS Waiver case managers/coordinators

- 1. Training is in addition to the DDS required topics and must be specific to the individuals they serve and/or the ACS Waiver program.
- 2. CPR (Initial Certification, renew as required by American Heart Association, Medic First Aid, or Red Cross).
  - a. ALL direct care staff members, including bus and van drivers, shall be trained and certified to provide CPR, unless they are deemed incapable of performing this task by a licensed medical professional, such as a nurse or doctor. Documentation must be maintained in the personnel file. Staff that are physically incapable of performing CPR must complete and have documentation of CPR training.
  - b. The organization shall develop and implement and monitor policy regarding timeframe for CPR certification after hire date. (Timeframe not to exceed 90 days.)
- 3. Medication—Implications, Side Effects, Legality of Administering medication.

301.3. Documentation of prior training of individual staff may be used for the required topics, if this situation is addressed in the organization's training plan.

301.4. Training Requirements for professional/administrative staff, as defined by the agencies policies

- 1. Twelve (12) hours minimum completed within ninety (90) days of employment (does not include First Aid and CPR training)

301.5. Training Requirements for direct care staff

- 1. CPR (Initial Certification, renewed as required by American Heart Association, Medic First Aid, or Red Cross).
  - a. ALL direct care staff members, including bus and van drivers, shall be trained and certified to provide CPR, unless they are deemed incapable of performing this task by a licensed medical professional, such as a nurse or doctor. Documentation must be maintained in the personnel file. Staff that are physically incapable of performing CPR must complete and have documentation of CPR training.
  - b. The organization shall develop and implement and monitor policy regarding timeframes for CPR certification after hire date. (Timeframes not to exceed 90 days)
- 2. Medication—Implications, Side Effects, Legality of Administering medication.
- 3. Twelve (12) hours minimum completed within (30) days of employment (does not include First Aid and CPR training)

4. Prior to beginning service delivery, direct care staff must receive a minimum of six (6) of the required 12 training hours in the individual's plan of care and specific health and safety needs (i.e., medication, positive behavior programming, etc.). Documentation of the training shall be maintained in the staff's personnel file and shall be evidenced by the signatures of the trainer and the direct care staff, the date the training was provided and the specific information covered.

NOTE: IN ADDITION TO THOSE AREAS ADDRESSED IN THESE STANDARDS,  
OTHER IDENTIFIED TRAINING NEEDS BASED ON STAFF INPUT SHOULD BE ADDRESSED.

NOTE: SEE APPENDIX A for Training Resources

- 301.6 In addition to the requirements in Section 301.1-301.5, all direct care staff shall receive annual in-service training and/or continuing education as follows:
  - A. Minimum of twelve (12) hours of training annually, including the required topics.
    1. Topics must be applicable to the job and are to be chosen by the organization based on identified needs. Topics may be a combination of required and job specific training.
    2. Behavior management techniques/programming
- 302 Annual in-service training and/or continuing education for Managerial Staff, as defined by the agencies policies.
  - A. Topics Chosen must be related to the job performed.
  - B. Minimum of twelve (12) hours of training required yearly, from the following list:
    1. Issues Regarding Prevention of Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HIV) and other Blood Borne Pathogens
    2. Application of Federal Civil Rights Laws to persons with AIDS or HIV related Conditions (or those who may be perceived to have AIDS or HIV Related conditions)
    3. Management of Non-Profit Organizations
    4. Procedures for Preventing and Reporting Alleged Maltreatment of Children and Adults
    5. Effective Supervision/Management Techniques
    6. Selection and Interviewing
    7. Fair Employment Principles
    8. Performance Evaluation
    9. Techniques for Working with the Board/organization
    10. Overview of Federal and State Laws Related to Serving Individuals with a Developmental Disability (up-dated every two (2) years)
    11. Federal and State Laws:
      - a. Ark. Code Ann. §§6-41-201 – 6-41-222--The Children With Disabilities Act of 1973
      - b. Ark. Code Ann. §§20-48-201 – 20-48-211-Arkansas Mental Retardation Act

- c. Ark. Code Ann. §§25-19-101 – 25-19-107 --Freedom of Information Act
- d. Ark. Code Ann. §§28-65-101 – 28-65-109; --Guardians Generally
- e. Ark. Code Ann. §§5-28-101 – 5-28-109; --Abuse of Adults
- f. Ark. Code Ann. §§12-12-501 – 12-12-515; --Arkansas Child Maltreatment Act
- g. Ark. Code Ann. §§25-2-104, 25-2-105, 25-2-107, Type 1, Type 2 and Type 4 Transfers
- h. Ark. Code Ann. §§25-10-102 – 25-10-116; Department of Health and Human Services General Provisions
- i. Ark. Code Ann. §§20-78-215 -- Child sexual abuse - Federal funds
- j. U.S.C. § 12101 et. seq. --Americans with Disabilities Act of 1990 P. L. 101-336
- k. 20 U.S.C. §1400 et. seq. (Part B and Part C -- P. L. 94-142 Individuals with Disability Education (IDEA) P.L. 99-457 Part C
- l. 42U.S.C. §2000a – 2000 h-6-- Title VI of the Civil Rights Act of 1964
- m. 29 U.S.C. §§706 (8) Rehabilitation Act of 1973, 794 – 794(b) Section 504
- n. 5 U.S.C. §552a-- Federal Privacy Act
- o. 42 U.S.C. §6000 – 6083-- Developmentally Disabled Assistance & Bill of Rights Act of 1984

C. Managerial Staff, as defined by the agencies policies, who have been with the agency for 2 or more years, may select from the above list or choose from continuing education courses.

**NOTE: SEE APPENDIX A FOR TRAINING RESOURCES**

## 400 INDIVIDUAL/PARENT/GUARDIAN RIGHTS

**Guiding Principle:** The organization shall implement a system of rights that nurtures and protects the dignity and respect of the persons served. The organization shall protect and promote the rights of the persons served. This commitment shall guide the delivery of services and ongoing interactions with the persons served. The organization shall at all times encourage and assist each person served to understand and exercise the person's individual rights and to assume the responsibilities that accompany these rights.

Each person served shall be guaranteed the same rights afforded to individuals without disabilities. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination.

- 401 The organization shall develop and implement policies promoting the rights of the persons served and ensure all information is transmitted to the person served and/or their parent or guardian in a manner and fashion that is clear and understandable.
- 401.1 At a minimum, the following rights shall be ensured:
- A. Being free from physical or psychological abuse or neglect, retaliation, humiliation, and from financial exploitation.
  - B. Having control over their own financial resources.
  - C. Being able to receive, purchase, have and use their own personal property.
  - D. Actively and meaningfully making decisions affecting their life.
  - D. Access to information pertinent to the person served in sufficient time to facilitate his or her decision making.
  - E. Having Privacy.
  - F. Being able to associate and communicate publicly or privately with any person or group of people of the individual's choice.
  - G. Being able to practice the religion of their choice.
  - H. Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of the provider or agent, in conflict with a physician's order or as a substitute for treatment, except when a physical restraint is in furtherance of the health and safety of the individual.
  - I. Not being required to work without compensation, except when the individual is residing and being provided services outside of the home of a member of the individual's family, and then only for the purposes of the upkeep of their own living space and of common living area and grounds that the individual shares with others.
  - J. Being treated with dignity and respect.
  - K. Receiving due process.
  - L. Having access to their own records, including information about how their funds are accessed and utilized and what services were billed for on the individual's behalf.
  - M. Informed consent or refusal or expression of choice regarding:
    - 1. Service delivery.
    - 2. Release of information.
    - 3. Concurrent services.
    - 4. Composition of the service delivery team.

- 5. Involvement in research projects, if applicable.
- N. Access or referral to legal entities for appropriate representation.
- O. Access to self-help and advocacy support services.
- P. Adherence to research guidelines and ethics when persons served are involved, if applicable.
- Q. Investigation and resolution of alleged infringement of rights.
  - 1. The agency maintains documentation of all investigations of all alleged violations of individual's rights and actions taken to intervene in such situations. The organization ensures that the individual has been notified of their right to appeal according to DDS Policy 1076.
- R. Rights and responsibilities of citizenship
- S. Other legal and constitutional rights

402 Records of persons served

- A. The organization shall maintain complete records and treat all information related to persons served as confidential.
- B. The organization shall create policy for the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any Internet-based services that may exist.
  - 1. Information that is used for reporting or billing shall be shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA).
- C. The organization shall comply with its own service delivery design for the development of the record. Electronic records are acceptable. Electronic records must meet the following:
  - 1. Format must meet DHS/ Office of Systems and Technology standards and be acceptable by the Department.
  - 2. Files must be uniformly organized and easily accessible.
- D. The location of the case record, and the information contained therein, shall be controlled from a central location as defined by the agency, shall be stored under lock and with protection against fire, water, and other hazards. The organization shall establish and implement policies and procedures to ensure direct care staff have adequate access to the individual's current plan of care and other pertinent information necessary to ensure the individual's health and safety (i.e., name and telephone number of physician(s), emergency contact information, insurance information, etc.)
- E. Records maintained on computer shall be backed up at a minimum weekly and the duplicate copy shall be stored under lock at a separate location and with protection against fire, water, and other hazards.
- F. A list of the order of the file information shall either be present in each individual case file or provided to DDS Licensure staff upon request. The documents in active individual case records should be organized in a systematic fashion. An indexing and filing system shall be maintained for all case records.
- G. Each organization shall have written procedures to cover destruction of records. Procedures must comply with all state and federal regulations
- H. Access sheets shall be located in the front of the file to maintain confidentiality according to 5 U.S.C. § 552a. If there is a signed release for a list of authorized persons

to review the file, only those not listed will need to sign the access sheet with date, title, reason for reviewing, and signature. If there is not a signed release for authorized persons to review, all persons must sign the access sheet whenever the file is reviewed or any material is placed in the file.

- 402.1 DDS staff shall have access upon demand to all individual case records as designated in Ark. Code Ann. §§ 20-48-201 – 20-48-211, DDS Policy 1091, Certification Policy for Non Center-Based Services.
- 402.2 The organization shall ensure confidentiality of all case records is maintained. Access to case records shall be limited to Individual/Parent/Guardian, professional staff providing direct services to the person served, plus such other individuals as may be authorized administratively or by the consumer. All authorizations either those listed above or others shall be in writing.
- B. Access to individual files shall be limited to only those staff members who have a need to know information contained in the records of persons served.
  - C. Individual service records shall be maintained according to provisions of the Privacy Act.
  - D. Access to computer records shall be limited to those authorized to view records
  - E. The organization shall ensure the right of all persons served to access their own records.
  - F. The organization shall ensure that all persons served know how to access their records and the organization ensures that appropriate equipment is available.
  - G. An organization shall not prohibit the persons served from having access to their own records, unless a specific state law indicates otherwise. It is recognized that the organization must comply with HIPAA regulations as it relates to specific information that cannot be disclosed to persons served without authorization (i.e., psychotherapy notes).
- 402.3 Adult individuals who are legally competent shall have the right to decide whether their family will be involved in planning and implementing the individual service plan. A signed release or document shall be present in individual case record giving permission for family to be involved.
- 402.4 The Individual /Parent /Guardian shall be informed of their rights. The organization shall maintain documentation in the individual's file that the following information has been provided in writing: THE INFORMATION LISTED IN 402.3 A-J MUST BE PROVIDED UPON ADMISSION AND ANNUALLY THEREAFTER.
- A. All possible service options, including those not presently provided by the program.
  - B. A copy of the rules of conduct and mission statement of the organization.
  - C. Current list of Board/organization members of the community program.
  - D. Summary of funding sources.
  - E. Copy of the appeal procedure for decisions made by the organization.
  - F. Solicitation Guidelines \*\*See Solicitation under Definitions
  - G. All external advocacy services
  - H. Right to appeal any service decision to DDS, under DDS Policy 1076
  - I. Name and phone number of the DDS Service Specialist for that area
  - J. Positive Behavior Programming practices used by the agency

**Guiding Principle:** The organization identifies clear protocols related to formal complaints, including grievances and appeals. An organization may have separate policies and procedures for grievances and appeals, or may include these in a common policy and procedure covering complaints, grievances, and appeals. A review of formal complaints, grievances, and appeals gives the organization valuable information to facilitate change that results in better customer service and results for the persons served.

- A. The organization shall identify clear protocols related to formal complaints, including grievances and appeals.
  - B. The organization shall:
    - 1. Implement a policy by which persons served may formally complain to the organization.
    - 2. Implement a procedure concerning formal complaints that:
      - a. Is written.
      - b. Specifies:
        - 1. That the action will not result in retaliation or barriers to services.
        - 2. How efforts will be made to resolve the complaint.
        - 3. Levels of review, which includes availability of external review.
        - 4. Time frames that are adequate for prompt consideration and that result in timely decisions for the person served.
        - 5. Procedures for written notification regarding the actions to be taken to address the complaint.
        - 6. The rights and responsibilities of each party.
        - 7. The availability of advocates or other assistance.
    - 3. Make complaint procedures and, if applicable, forms:
      - a. Readily available to the persons served.
      - b. Understandable to the persons served and in compliance with 29 U. S. C. §§ 706 (8), 794 – 794(b).
  - C. These procedures shall be explained to personnel and persons served in a format that is easily understandable and meets their needs. This explanation may include, but not limited to a video or audiotape, a handbook, interpreters, etc.
- 403.1 The organization shall annually review all formal complaints filed.
- A. A written review of formal complaints:
    - 1. Determine:
      - a. Trends.
      - b. Areas needing performance improvement.
      - c. Action plan or changes to be made to improve performance and to reduce complaints
- 403.2 The organization shall document a review of any action plan or changes made to determine if the plan/changes were effective in reducing complaints and shall make adjustments to the plan as deemed necessary to ensure quality services.

404 Health Related Issues

**Guiding Principle:** A successful health and safety program goes beyond compliance with regulatory requirements and strives to manage risk and to protect the health and safety of persons served, employees, and visitors. A successful health and safety program addresses both minimizing potential hazards and compliance activities.

- A. The organization shall implement policies/procedures to ensure the rights are protected of individuals who have or who are perceived as having Acquired Immunodeficiency Syndrome (AIDS), Human Immune Virus (HIV) related conditions, Hepatitis B or who are identified as carriers of Hepatitis B. These same individuals shall not be discriminated against in accordance with 29 U.S.C. §§ 706 (8), 794 – 794(b); U.S.C. § 12101 et. seq. A copy of the policies/procedures shall be provided to each Individual/Parent/Guardian(s).
- B. The organization shall implement policies/procedures concerning any person admitted for services or anyone proposed for admission to ensure confidentiality shall be maintained for all information related to HIV testing, positive HIV infection, any HIV associated condition, AIDS or Hepatitis B.
- C. Each organization will protect the confidentiality of records or computer data that is maintained which relates to HIV, AIDS or Hepatitis B.

405 Financial Interests

*Note: This standard applies if the organization serves as a representative payee for the person served, is involved in managing the funds of the persons served, receives benefits on behalf of the persons served, or temporarily safeguards funds or personal property for the persons served.*

*Guidance may be obtained from providers of legal assistance and/or public and private human rights and advocacy agencies.*

- A. The organization shall develop and implement and implement policies/procedures demonstrating it has a system in place to protect the financial interests of the persons served. Personnel and the persons served and/ or their guardians shall be informed in writing of the practices in place.
- B. Persons served and/or their guardians have access to records of their funds at all times.
- C. The organization shall implement policies that define:
  - 1. How the persons served will give informed consent for the expenditure of funds.
  - 2. How the persons served will access the records of their funds.
  - 3. How funds will be segregated for accounting purposes.
  - 4. Safeguards in place to ensure that funds are used for the designated and appropriate purposes.
  - 5. How interest will be credited to the accounts of the persons served.
- D. The organization shall obtain consent from the individual and/or their guardians for the following:
  - 1. Limiting the amount of funds expended or invested in a specific instance.
  - 2. Designating the funds to be expended or invested for a specific purpose.



3. Establishing time frames for expending or investing funds.
  4. Designating responsibility for expending or investing funds.
  5. Providing evidence that funds were expended or invested in the manner authorized.
- E. The organization shall provide protection of financial interests as identified and/or addressed in service plans of individuals served. Protection of financial interests provides that:
1. Funds from public and private support are received by the individuals.
  2. Individuals receive and spend their money in a normalized fashion;
  3. Training is provided in performing cash and check transactions in a functional manner;
  4. Employment of individuals shall be in compliance with Federal Wage and Hour regulations.
  5. Work for the organization by individuals is reimbursed on the basis of production or performance and at a level commensurate with that paid to other individuals who do not have disabilities who would otherwise perform that work;
  6. Marketable goods or services produced by individuals are reimbursed in accordance with the requirements of the Department of Labor regulation. Each organization shall have procedures for assuring individuals receive funds due them.
  7. Individuals shall participate in or make purchases individually, depending on each individual's ability.

406 Incident / Accident Reporting

- A. The organization shall **report the following incidents to the DDS Quality Assurance Unit**. This report shall contain: date, accident/injury, time, location, persons involved, action taken, follow-up, remediation and signature of person writing the report. The following are reportable incidents:
1. Use of seclusion or restraint.
  2. Maltreatment or abuse as defined in statutes (See Ark. Code Ann. §§ 12-12-501 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5-28-109 (102))
  3. Incidents involving injury:
    - a. Accident/injury reports shall be completed for each accident/injury that requires the attention of an EMT, Paramedic or Physician.
      1. Accident is defined as an event occurring by chance or arising from unknown causes.
      2. Injury is defined as an act that damages or hurts and results in outside medical attention.
      3. A copy of the report must be sent to parent/guardian of all children (0-18), and to the guardian of adults regardless of severity of injury. The report shall be redacted in accordance with the requirements of the Freedom of Information Act.
      4. Other health related conditions resulting in a visit to the Emergency Room or hospitalization

4. Communicable disease
  5. Violence or aggression
  6. Sentinel events (i.e., an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof)
  7. Medication Errors
  8. Elopement and/or wandering defined as anytime the location of a person cannot be determined within 2 hours
  9. Vehicular accidents
  10. Biohazardous accidents
  11. Use or possession of illicit substances or use or possession of licit substances in an unlawful or inappropriate manner (i.e., possession of prescription drugs by a person to whom the drugs have not been prescribed and who has no legitimate interest in possession of prescription drugs, such as a parent or guardian)
  12. Arrests or convictions
  13. Suicide or attempted suicide
  14. Property destruction
  15. Any condition or event that prevents the delivery of DHS services for more than 2 hours
  16. Hospitalization
  17. Behavior Incidents (incidents involving an individual's actions that are aggressive, disruptive and/or present a danger to the individual or to others)
  18. Other areas, as required
- B. The organization shall notify the parent/guardian of all children (0-18) or adults who have a guardian any time an incident/ injury report is submitted.
- C. The organization shall develop and implement policy regarding follow-up of all incidents to include a time-line for action, remediation and preventative measures that do not exceed DDS established time frames as established under DHS Policy 1090.

407 Positive Programming for Non-Pervasive Level of Care

Positive Programming is designed for individuals who are receiving ACS Waiver services and are on either the Limited or Extensive Service Level.

- A. The organization shall develop and implement policy and procedure that demonstrates a commitment to a system that nurtures personal growth and dignity, and supports the use of positive approaches and supports.
- B. The organization's policy and procedure shall ensure that when behavior management approaches are used, positive behavior interventions are implemented.

- C. The written positive programming plan shall be develop and implemented by a QMRP who is certified by the organization. The organization shall maintain documentation of the information used to certify the staff as a QMRP in the staff person's file.
1. The positive programming plan shall ensure the rights of individuals.
  2. The plan will be incorporated by the interdisciplinary team in programming, as appropriate.
  3. The plan must be reviewed at least quarterly or more frequently, as dictated by the needs of the individual served.
  4. This shall include all types of positive techniques used. This cannot include procedures that are punishing, physically painful, emotionally frightening, or deprivation, or that puts the individual served at medical risk which are used to modify behaviors.
  5. The organization shall take proactive and remedial actions to ensure appropriate, effective, and informed use of medications and other restrictive interventions to manage behavior or to treat diagnosed mental illness.
  6. The organization shall include the following proactive and remedial actions:
    - a. **Safeguards**, which shall include initial and ongoing assessment and responsive modifications that may be needed to ensure and document the following, in consultation with the person, the person's guardian (if applicable), and the person's support network:
      1. Positive behavior programming, environmental modifications and accommodations, and effective services from the organization are present in the person's life;
      2. Voluntary, informed consent has been obtained from the person or the person's guardian if one has been appointed; and
      3. After a review of the risks, benefits, and side effects, medications are administered only as prescribed, and no "PRN" medications are utilized without both the express consent of the person or the person's guardian if one has been appointed, and per usage approval from the prescribing physician or another health care professional, qualified to prescribe medications by the appropriate state licensing Board/organization, and designated by the person or the person's guardian.
    - b. **Management** of the positive plan of care shall be by the QMRP who shall have the responsibility to monitor the effectiveness of the positive programming plan and refer, as appropriate for behavior management services, if necessary, to protect the health/welfare/safety of the individual and to promote optimum wellness and implementation of the plan. Management shall include initial and ongoing assessment and responsive modifications that may be needed to ensure and document the following:
      1. When positive programming is being used to manage specific behaviors, those behaviors must be documented as to the frequency and objective severity of occurrence;
      2. The organization reviews and reports to the person and/or the person's guardian, and the prescribing physician, at each

- quarterly review, the frequency and objective severity of the specific behaviors, and the effectiveness of the positive programming and any side effects experienced from any medication used to manage specific behaviors, in conjunction with safeguard measures; and
- 3. the organization recommends to the person and/or the person's guardian and the prescribing physician, reducing the use of medication, when appropriate, based upon the documented effectiveness of those efforts in conjunction with safeguard measures;
- 4. When medication is used to treat specifically diagnosed mental illness, the medication has been prescribed and is being managed by a psychiatrist who is periodically provided information regarding the effectiveness of and any side effects experienced from the medication. The prescription and management may be by a physician, rather than a psychiatrist, when requested/available and agreed to by the person or the person's guardian and when based upon the documented need of the person.
- 5. Use of medications must follow the requirements of a Medication Management Plan as specified by the ACS Waiver Regulations.

408 Behavior Programming for Pervasive Level of Care

Behavior Programming is required for all individuals who receive services at the Pervasive Level of Care due to behavioral issues and who is currently prescribed psychotropic medications for those particular behaviors. Requests for Pervasive Level of Care shall comply with the requirements as specified in the Medicaid Manual for ACS Waiver Services.

- A. The organization shall develop and implement policy and procedure that demonstrates a commitment to a system that nurtures personal growth and dignity, and supports the use of positive approaches and supports.
- B. The organization's policy and procedure shall ensure that when behavior management approaches are used, positive behavior interventions are implemented prior to the use of restrictive procedures.
- C. The written behavior programming plan shall be developed and implemented by a licensed professional as specified in the ACS Waiver regulations. A copy of the current license must be maintained in the staff person's file.
  - 1. The plan shall ensure the rights of individuals.
  - 2. The plan will be incorporated by the interdisciplinary team in programming, as appropriate.
  - 3. The plan must be reviewed at least quarterly or more frequently, as dictated by the needs of the individual served.
  - 4. This shall include all types of behavior management used. This cannot include procedures that are punishing, physically painful, emotionally frightening, or deprivation, or that puts the individual served at medical risk which are used to modify behaviors.

5. The organization shall take proactive and remedial actions to ensure appropriate, effective, and informed use of medications and other restrictive interventions to manage behavior or to treat diagnosed mental illness. These actions shall be taken before the organization initiates the use of any medication or other restrictive intervention to manage behavior, unless the needs of the person served clearly dictate otherwise and the organization documents that need. Otherwise, these actions shall be taken promptly following the initiation of, or any change in, the use of any medication or other restrictive intervention to manage behavior.
6. The organization shall include the following proactive and remedial actions:
  - a. **Safeguards**, which shall include initial and ongoing assessment and responsive modifications that may be needed to ensure and document the following, in consultation with the person, the person's guardian (if applicable), and the person's support network:
    1. All other potentially effective, less restrictive alternatives have been tried and shown ineffective, or a determination using best professional clinical practice indicates that less restrictive alternatives would not likely be effective;
    2. Positive behavior programming, environmental modifications and accommodations, and effective services from the organization are present in the person's life;
    3. Voluntary, informed consent has been obtained from the person or the person's guardian if one has been appointed, after a review of the risks, benefits, and side effects, as to the use of any restrictive interventions or medications; and
    4. Medications are administered only as prescribed, and no "PRN" medications are utilized without both the express consent of the person or the person's guardian if one has been appointed, and per usage approval from the prescribing physician or another health care professional, qualified to prescribe medications by the appropriate state licensing Board/organization, and designated by the person or the person's guardian.
  - b. **Management** of the positive plan of care shall be by the QMRP and shall include initial and ongoing assessment and responsive modifications that may be needed to ensure and document the following:
    1. When restrictive intervention or medication is being used to manage specific behaviors, those behaviors must be documented as to the frequency and objective severity of occurrence;
    2. The organization reviews and reports to the person and/or the person's guardian, and the prescribing physician, at each quarterly review, the frequency and objective severity of the specific behaviors, and the effectiveness of the positive programming and any side effects experienced from any medication used to manage specific behaviors, in conjunction with safeguard measures; and

3. the organization recommends to the person and/or the person's guardian and the prescribing physician, reducing the use of the restrictive intervention or medication, when appropriate, based upon the documented effectiveness of those efforts in conjunction with safeguard measures; or
4. When medication is used to treat specifically diagnosed mental illness, the medication has been prescribed and is being managed by a psychiatrist who is periodically provided information regarding the effectiveness of and any side effects experienced from the medication. The prescription and management may be by a physician, rather than a psychiatrist, only when requested and agreed to by the person or the person's guardian and when based upon the documented need of the person.
5. Use of medications must follow the requirements of a Medication Management Plan as specified by the ACS Waiver Regulations.

409 Emergency Basis Procedure

An emergency safety situation is defined as unanticipated behavior that places the person served or others at serious threat of violence or risk of injury if no intervention occurs.

1. The organization shall establish policies/procedures for emergency intervention that must be undertaken in the event of emergency circumstances for a consumer that has no behavior management plan in place. The policies/procedures must identify the circumstances under which emergency intervention procedures will be used as a protective measure in a life- or safety-threatening situation only when de-escalation has failed or is not possible.
2. Emergency basis procedure may not be repeated more than three (3) times within six months without the interdisciplinary team meeting to revise the plan of care. Each incident consists of: a behavior was exhibited, a procedure was used, the individual was no longer thought to be dangerous, the procedure was discontinued.

*Note: The number three (3) means three (3) distinct incidents. The three-(3) distinct occurrences could take place in one (1) day.*

410 The organization shall assure that maltreatment or corporal punishment of individuals will not be allowed.

1. Policies and Procedure must state that corporal punishment is prohibited.
  - a. "Corporal punishment" refers to the application of painful stimuli to the body in an attempt to terminate behavior or as a penalty for behavior.
  - b. 20 U.S.C. § 1400 et. seq.; Maltreatment laws, Ark. Code Ann. §§ 12-12-501 – 12-12-515; Ark. Code Ann. §§ 5-28-101 – 5-28-109.

411 Individuals shall have the right to obtain and retain private property.

1. Personal possessions are regarded as the private property of the individuals and shall not be taken away unless danger to safety of the individual or to others is present.

## 500 SERVICE PROVISION

- 501 The organization shall establish file for each individual served. At a minimum, the file must contain:
- A. Complete referral packet from DDS
  - B. Copy of Prior Authorization (PA) for services
  - C. Plan of care
  - D. Positive Behavior Plan, if required
  - E. Daily Schedule for direct service hours
- 502 Face sheets shall be completed at intake and shall be updated as needed and at least annually as documented by date of signature of the person designated in organization's policy.
- 502.1 Every person receiving services shall have a service record face sheet that contains the information in 502.1 A-Q and will be filed in a prominent location in the front of the file.
- A. Full name of individual
  - B. Address, county of residence, telephone number and email address, if applicable
  - C. Marital status, if applicable
  - D. Race and gender
  - E. Birth date
  - F. Social Security number
  - G. Medicaid Number
  - H. Legal status
  - I. Parents or guardian's name and address and relationship, if applicable
  - J. Name, address, telephone number and relationship of person to contact in emergency, someone other than item H
  - K. Health insurance benefits and policy number
  - L. Primary language
  - M. Admission date
  - N. Statement of primary/secondary disability
  - O. Physician's name, address and telephone number
  - P. Current medications with dosage and frequency, if applicable
  - Q. All known allergies or indicate none, if applicable
- 502 A case manager shall be designated in writing and shall organize the provision of services for every individual served. The case manager shall provide the individual or parent/guardian with the name and contact information in writing.
- A. For every individual served, the case manager shall:
    - 1. Assume responsibility for intake into program, assessment of service needs and supports, planning and services to the person
    - 2. Coordinate the plan of care
    - 3. Cultivate the individual's participation in the services and supports
    - 4. Monitor and update services and supports to assure that:
      - a. The person is adequately oriented
      - b. Services proceed in an orderly, purposeful, and timely manner

- 502.1 Case Management/Direct Service Provider Choice as a Single Entity  
An individual or their legal guardian may choose a single provider (business entity) to deliver both case management and direct services. When this option is chosen, it shall be the provider's responsibility to ensure:
- A. There is no conflict between the roles and the case manager is responsible to report to DDS any improprieties relative to the delivery of direct services.
  - B. The same applies in reverse as pertains to case management.
- 503 Information gathered prior to admission shall include the following information and shall be filed in the individual's record:
- A. Signed emergency medical release and all other necessary release forms (i.e., Publicity, field trip, fund raising, etc.). The emergency medical release form shall remain current (yearly) for the protection of the organization and the individual.
    1. Competent adults must always sign their releases
    2. Publicity releases shall be obtained on an as-needed basis (for each occurrence)
    3. Organizations shall determine who is the legal guardian of the child: Natural parent(s), ward of the state (DCFS/foster home, etc.) and shall ensure the legal guardian signs all appropriate documents.
    2. If the individual is age 18 or older, he/she is considered competent unless the court has appointed a legal guardian. Copies of guardianship orders must be maintained in the individual's record.
- Note: An individual for whom a guardian has been appointed retains all legal and civil rights except those which have been expressly limited by court order or which have been specifically granted by order of the court to the guardian.*
- 504 Medical prescription for services and level of care shall be obtained annually
- A. An initial prescription for services and level of care (within 30 days), signed by qualified medical personnel, shall be on file prior to admission
  - B. Prescription for services and level of care
  - C. Prescription for medications
    1. For all prescribed medications, the provider shall develop and implement a medication management plan and update as necessary.
    2. For all prescribed psychotropic medications due to behaviors, the provider shall develop and implement a behavior management plan and update as necessary.
- Note: Refer to Sections 407 & 408.*
- 505 Therapy evaluations must be completed or procured within thirty (30) days after admission, if applicable or prescribed.
- 506 When applicable, the provider shall obtain a psychiatric evaluation by a qualified mental health professional within thirty (30) days of admission. Results of the evaluation and any recommendations shall be incorporated into the individual's plan of care within 30 days of receipt of the evaluation report to ensure continuity of service delivery. When a psychiatric evaluation cannot be obtained within thirty (30) days of admission, the provider shall document efforts made to obtain the evaluation. Documentation shall include the date(s)



contact(s) was made, the type of contact(s) made, and the results of the contact(s). Documentation shall be maintained in the individual's file for review by DDS.

*Note: If a psychiatric evaluation has been conducted within 30 days prior to admission, this evaluation may be used for programming purposes and an additional evaluation is not required. A copy of the evaluation report shall be maintained in the individual's file for review by DDS.*

- 507 A service needs assessment must be completed on every individual seeking services. A copy of the assessment must be maintained on file in the individual's file.
- A. A Health and Safety Assurances Assessment (HSAA) shall be included as a component of the needs assessment in order to safeguard the individual against physical, mental and behavioral risks. The person and/or their legal representatives shall be involved in:
1. Assessments of health and safety factors (i.e., physical and mental health diagnoses, behavioral episodes, lifestyle choices) as identified by the individual/parent/guardian or as identified in previous evaluations/assessments or behavioral reports.
  2. Decisions to accept or reject such risks
  3. Identification of actions to be taken to minimize risks
  4. Identification of individuals responsible for those actions
- 508 Every individual shall have a written Individualized Plan of care
- A. The organization shall include the person served and/or legal guardian as an active participant giving direction in all aspects of the planning and revision processes. The person may have other representatives present as desired.
- B. Services shall be provided based on the choices of the individual/parent/guardian (as appropriate) and on the strengths and needs of the individuals to be served by the organization
- C. Individual choice shall be determined by a comprehensive assessment which addresses:
1. Relevant medical history
  2. Relevant psychological information
  3. Relevant social information
  4. Information on previous direct services and supports
  5. Education
  6. Strengths
  7. Abilities
  8. Needs
  9. Preferences
  10. Desired outcomes
  11. Cultural background
  12. Other issues, as identified
- 508.1 The Individualized Plan of care:
- A. Shall be developed and implemented with the input of the person served and/or their legal guardian.
- B. Shall Identify:
1. Most appropriate environment

- a. Documentation of discussion of most appropriate environment appropriate for individual strengths and needs
- b. In general, the concept of most appropriate environment means that whenever a service or a program is being provided to a person with a developmental disability, that program or service shall be provided to promote community integration, in least restrictive of the person's rights and provides a setting in which he/she can function effectively. It should be the setting that is most like normal and in which the individual can function with necessary supportive assistance. The program must document the justification for specialized environments if they are to be used. Plans shall be made for return to normal environments as soon as possible.
  1. Individuals shall be in contact as much as possible with those who do not have disabilities
  2. Plan of cares will be reviewed for provisions of program services in the least restrictive environment appropriate to the ability of the individual. Document this item with a summary of the discussion by the entire team about the most appropriate alternatives
2. Barriers
  - a. Describe the conditions or barriers that interfere with the achievement of the goal(s) or skills(s). Describe why a particular individual's needs cannot be met or what needs to be accomplished to meet the need.
  - b. Resources and/or environment changes, adaptations or modifications necessary to attain the goal or skill shall be listed. The person responsible for attempting to get the service must be identified.
    1. Example of barriers are: lack of funds, lack of staff, individual absent due to illness, prosthetic devices, equipment space, etc. The responsible person may be staff member, individual, family, etc.
3. Long-range goals (addressing a period of 3-5 years) and annual goals
  - a. Individuals shall have a person-centered plan of care. The planning process shall support the individual in decision making and choosing options by:
    1. Actively involving the individual in the person-centered plan development and implementation
    2. Reflect the individual's choice of services which are relevant to the individual's age, abilities, life goals/outcomes
    3. Address areas such as the individual's health, safety and challenging behaviors which may put the individual at risk
    4. Demonstrates the rights and dignity of individual/ family
    5. Incorporates the culture and value system of the individual
    6. Ensures the individual's orientation and integration to the community, its services and resources.
4. Specific measurable objectives.
5. Daily schedule of direct service hours

6. A Back up plan to ensure continuity of care and to ensure health and safety of the individual. The back-up plan should include contact information and identification of the organization's back-up resources for the individual as well as any informal support network as identified by the individual and/or their legal representative.

508.2 Short-term objectives (3-6 months time frame) may be either habilitative in nature or service related objectives. Short-term objectives shall be develop and implemented, as needed, for each of the annual goals. Objectives describe sequential steps and expected outcomes needed to reach the annual goal(s).

- A. Each objective must have criteria for success that states what the individual must do to complete the objective.
- B. Short-term objectives will have methods/materials for implementation and give a simple statement describing the procedures to be used in individual training.
- C. The person responsible for implementation of each short-term and service-objective shall be specified. Utilization of title is recommended. This could be the individual or legal guardian.
- D. Short-term objectives shall have an initiation date, a target date, and, when completed, a completion date
- E. Target dates (for habilitation goals):
  1. The target date shall be individualized and noted at the same time of the initiation date and the projected date when the individual can realistically be expected to achieve an objective.
  2. The target date shall be used as a prompt to see if expectations for the individual are realistic in relation to attainment and appropriateness of goals and objectives. If the starting or target dates need to be revised, mark through, initial and put in a new date.
  3. The ending date shall be entered in as the person completes each objective.

509 Continued Stay Review  
Service Objectives

- A. Shall be reviewed on a regular basis with respect to expected outcomes.
- B. The organization shall develop and implement a new plan annually and submit to DDS for approval. The new plan shall:
  1. Be based on the satisfaction of the person served.
  2. Remain meaningful to the person served.
  3. Be based on the changing needs of the person served.

509.1 The following areas shall be assessed to determine needs in the plan and shall be documented:

- A. Assistive technology.
- B. Reasonable accommodations.
- C. Participant Access
- D. Participant-centered service planning and delivery
- E. Provider capabilities
- F. Participant Safeguards

- G. Participant rights and responsibilities
- H. Participant outcomes and satisfaction

509.2 The plan shall be communicated in a manner that is understandable:

- A. To the person served and/or their guardian / advocate/ representative.
- B. To the persons responsible for implementing the plan.

509.3 The organization ensures that all persons involved understand the plans and their own involvement in achieving the outcomes.

- A. Active participation of the persons served, their guardian or advocate in setting goals and planning services may be demonstrated through interviews, records, checklists, etc.

510 Every ninety (90) days of service delivery, the service provider shall complete a quarterly report on the goals/objectives of the plan of care. If needed, modifications may be made with meeting of entire team. Quarterly reports must be specific to reflect the individual's performance concerning goals and short-term objectives as specified in the plan of care and shall be based on the case notes for the reporting period.

- A. The quarterly notes shall establish goals or short-term objectives which are:
  - 1. Accomplished
  - 2. To be continued
  - 3. Modified or deleted (with statement of reason or barrier) and
  - 4. Will be worked on for the next three months or ninety (90) days
- B. Data Collection/case notes shall be utilized in writing progress reports.
- C. Quarterly reports shall be written, dated, and signed by persons responsible for case management. All persons responsible for implementation of services must contribute to the report.
- D. Quarterly reports shall document referral to interdisciplinary team for modification of the annual goals as needed, in compliance with state and federal regulations
- E. Documentation of communication of quarterly reports to the individual/guardian (as appropriate) shall occur at least every three (3) months or ninety (90) days as
- F. Quarterly reports must include space for individual /guardian input/comment on services. The organization shall document that the persons served and/or guardian has opportunity to evaluate the services.

511 Change in Direct Service or Case Management Provider

An individual/guardian may initiate a request to change direct service provider/case management provider by contacting (written or verbally) the assigned DDS Coordinator or Specialist, or their case manager. If the request is received by the case manager, the case manager shall forward the request to the DDS Coordinator or Specialist within 2 working days of its receipt.

511.1 The case manager shall

- A. receive the referral packet;
- B. facilitate a transitional meeting with the direct service provider;
- C. invite the former case management provider to attend (when appropriate);
- D. determine if there is any level of the plan of care where adjustments are necessary;

- E. determine the effective date for transfer of case management responsibilities and completes and transmits to the assigned DDS Coordinator or specialist a revision to the plan of care that identifies change of provider and may include service revisions if adjustments are needed.

511.2 In the event the individual has requested a change in case management providers, the former case management provider shall:

- A. At or prior to the transitional meeting, provide the newly chosen case management provider with copies of all progress notes and habilitation plans and any other pertinent information regarding the individual and their current services.
- B. The current case management provider shall retain responsibility for case management activities until the transition happens.

## 512 Termination of Services

- A. ACS Waiver Providers shall not refuse services to any eligible person unless the provider cannot ensure the person's health and safety as specified in ACS HCBS AR 0188.90 R2, Placement Inappropriateness.
- B. Providers invoking the health and welfare exclusion shall have attempted to deliver services and must provide documented proof that health and welfare cannot be assured as indicated below:
  - If the provider is unable to ensure an eligible person's health and safety because qualified personnel are unavailable to deliver services to the eligible person, the provider shall document all efforts to retain qualified personnel and the results of those efforts and shall notify the DDS Waiver Specialist within 2 working days in order to choice to be offered..
  - If the provider is unable to ensure an eligible person's health and safety because adequate housing is not available; the provider shall develop and propose to the eligible person alternative housing arrangements and locations within the eligible person's resources. If the eligible person is unable or unwilling to accept any of the proposed alternative housing arrangements or locations, the provider shall document that the eligible person has refused available resources and shall notify the DDS Waiver Specialist within 2 working days in order to choice to be offered.
- C. DDS approval for refusal of services shall depend on the documented efforts made by the provider to find housing and determination of whether staffing can be provided by increasing the hourly rate of pay.

## 513 Data Collection Requirements

- A. Data collections shall provide specific information on annual goals and short-term objectives and should be designed to measure and record the progress on each short-term objective.
- B. Data Collection shall contain sufficient written documentation to support each. *Daily* service documentation must, at a minimum, include:
  - The specific services furnished;
  - The date and actual beginning and ending time of day the services were performed;
  - Name(s) and title(s) of the person(s) providing the service(s);
  - The relationship of the services to the goals and objectives described in the person's

individualized plan of care and

- Daily progress notes, signed or initialed by the person providing the service(s), describing each individual's status with respect to his or her goals and objectives.
- Updates describing the individual's progress or lack thereof. Updates should be maintained on a daily basis or at each contact with or on behalf of the individual. Progress notes must be signed and dated by the provider of services.
- Certification statements, narratives and proofs that support the cost effectiveness and medical necessity of the service to be provided.

## PROVIDER QUALIFICATIONS: SUPPORTIVE LIVING SERVICES

**Note: Organizations certified to provide Supportive Living Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Supportive Living Services must comply with sections 106, 110, 112 and 200 through 411.**

- 601 Supportive living services (SLS) is an array of individually tailored services and activities provided to enable eligible individuals to reside successfully in their own homes, with their families, or in an alternative living residence or setting. The services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in the home and community based setting. Supportive Living does *not* include routine care and supervision activities necessary to assure a person's well being but are activities that directly relate to active treatment goals and objectives, including general maintenance, upkeep or improvement to the individual's home or that of his or her family.
- 602 Certified SLS providers must demonstrate evidence of the following personnel requirements for all direct care staff:
- A. SLS staff must meet all of the following minimum requirements prior to working with consumers:
1. Have a high school diploma, OR  
Have successfully completed a GED, and have a minimum of one year of relevant, supervised work experience with a public health, human services or other community service agency, OR  
Have a minimum of two years verifiable experience with individuals with developmental disabilities may be used in lieu of the aforementioned qualification OR  
Have two (2) years of verifiable successful history with individuals with developmental disabilities.  
*Note: This standard applies to all SLS direct care staff hired after 11/01/07.*
  2. Have the ability to understand written activity plans, execute instructions, and document services delivered.
  3. Have the ability to communicate effectively with consumers
  4. Have the ability to access emergency service systems; and
  5. Have the ability to access transportation services required as appropriate.
  6. Have satisfactorily passed a criminal background check, and adult and child maltreatment registry checks. Criminal background and adult maltreatment checks must be repeated every five (5) years, and child maltreatment checks must be repeated every two (2) years.
  7. Have completed a drug screen prior to employment in accordance with the organization's policies and procedures. Documentation shall be maintained for review by DDS.

- 603 The provider must demonstrate evidence of compliance with the following supervisory requirements (if applicable):
- A. Prior to service initiation, the designee(s) of the provider's administrative staff must complete and document a home visit to define the expected SLS activities. The supervisor must develop and implement and document a specific activities plan consistent with the case manager's authorized plan. A copy of the activities plan shall include a schedule and must be maintained at the service delivery site and in the individual's file for review.
  - B. For pervasive level of care or for individuals (children and adults) residing in an alternative home, designee(s) of the provider's administrative staff must evaluate the SLS staff's compliance with the plan, consumer satisfaction, and job performance during a home visit with the consumer at least every 90 days. The SLS staff need not be present during the visit. Documentation of the evaluation shall be maintained in the consumer's file.
- 604 The provider must maintain a consumer record documenting each episode of service delivery, including the date of service, service tasks performed, name of the staff person providing the services, the beginning and ending times of services provided, and the provider staff's signature or electronic signature. Providers who do not utilize an electronic verification system to document services and keep records must also obtain the consumer's signature.



## 700 PROVIDER QUALIFICATIONS: CASE MANAGEMENT SERVICES

**Note: Organizations certified to provide Case Management Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Supportive Living Services must comply with sections 106, 110, 112 and 200 through 411.**

- 701 Case Management Services refer to a system of ongoing monitoring of the provision of services included in the waiver participant's multi-agency plan of care. Case managers initiate and oversee the process of assessment of the individual's level of care and the review of plan of care at specified reassessment intervals.
- 702 Certified Case Management (CM) providers must demonstrate evidence of the following personnel requirements:
- A. CM staff must meet all of the following minimum requirements prior to working with consumers:
    - 1. Hold a Bachelor's degree in a human services related field OR  
Have two (2) years of advanced education in the field of human services plus two (2) years experience as a case manager working with individuals with developmental disabilities or a related field. Four (4) years experience working as a case manager with individuals with a developmental disability, or 4 years experience as a case manager in a related field may be substituted for education.  
OR  
Have two (2) years verifiable satisfactory experience with individuals with developmental disabilities prior to employment and is mentored by a certified CM for the first two (2) years of employment.  
*Note: This standard applies to those Case Managers hired after 11/01/07.*
    - 2. Have satisfactorily passed a criminal background check, and adult and child maltreatment registry checks. Criminal background and adult maltreatment checks must be repeated every five (5) years, and child maltreatment checks must be repeated every two (2) years.
    - 3. Have completed a drug screen in accordance with the organization's policies and procedures. Documentation shall be maintained for review by DDS.
- 703 The provider must demonstrate evidence of compliance with the following supervisory requirements:
- A. Prior to service initiation, the designee(s) of the provider's administrative staff must complete and document a home visit to define the expected CM activities. The supervisor must develop and implement and document a specific activities plan consistent with the case manager's authorized plan. A copy of the activities plan shall include a schedule and must be maintained at the service delivery site and in the individual's file for review.

- 704 The Case Manager (CM) is responsible for locating, coordinating and monitoring:
- A. All proposed waiver services
  - B. Needed medical, social, educational and other services
  - C. Informal community supports needed by individuals and their families
- 705 The CM shall ensure provision of services that enable the individual to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner. This includes, but is not limited to:
- A. Arranging for the provision of services and additional supports
  - B. Monitoring and reviewing participant services
  - C. Facilitating crisis intervention
  - D. Guidance and support
  - E. Case planning
  - F. Needs assessment and referral for resources
  - G. Follow-along to ensure quality of care
  - H. Case reviews that focus on the individual's progress in meeting goals and objectives established through the case plan
  - I. Assuring the integrity of all case management billing in that the service delivered must have prior authorization and meet required service definitions and must be delivered before billing can occur
  - J. Assuring submission of timely (advance) and comprehensive behavior/positive programming reports, continued plans of care, revisions to the plan of care as needs change, and information and documents required for ICF/MR level of care eligibility determination and re-determination; and
  - K. Arranging for access to advocacy services and providing the name and telephone number of the DDS Service Specialist as requested by the individual in the event that case management and direct services are the same provider entity.
- 706 The CM shall make regular contact with the individual as required by the ACS Waiver Plan. The CM must document all contact in the individual's file. Documentation shall include the date and time of the visit, location, who was present during the visit, a summary of the visit, any requests by the individual for change in services or new services, and shall be signed by the CM and the individual. At a minimum, the CM must make one contact annually at the individual's place of residence.
- A. For Limited Service Level, a minimum of one contact per month with at least one face-to-face contact per quarter must be conducted.
  - B. For Extensive Service Level, a minimum of one face-to-face visit per month must be conducted.
  - C. For Pervasive Service Level, a minimum of one personal visit and one other contact per month must be conducted.
- 707 The CM must report any service gap of thirty (30) consecutive days to the DDS Specialist assigned to the case. The report must include the reason for the gap and identify remedial action to be taken. A copy of the report must be filed in the individual's file for review.

## **800 PROVIDER QUALIFICATIONS: NON-MEDICAL TRANSPORTATION SERVICES**

- 801 ACS non-medical transportation services are provided to enable individuals served to gain access to DDS ACS and other community services, activities and resources. Activities and resources **must** be identified and specified in the plan of care. This services is offered in addition to medical transportation as required under 42 CFR 431.53 and transportation services under the Medicaid State Plan, defined at 42 CFR 440.17(a) (if applicable), and must not replace them.
- 802 Certified Transportation providers must demonstrate evidence of the following personnel requirements:
- A. Transportation staff must meet all of the following minimum requirements prior to working with consumers:
1. The provider must be either a DDS certified agency or a DDS certified non-agency provider;
  2. The provider must furnish evidence of a service back-up plan to provide service when a vehicle becomes disabled;
  3. All vehicle operators and owners must maintain proof of financial responsibility:
    - a. A copy of the current certificate of insurance
    - b. A copy of the current vehicle registrationThe aforementioned information must be maintained in each vehicle as required by Arkansas law
  4. Transportation providers shall ensure that vehicles owned or operated by the organization are maintained according to manufacturer's recommendations. Transportation services shall be provided by personnel or contractors in a safe manner consistent with the regulations of the local authorities. \*Vehicles driven by staff that are their personal vehicles are not required to keep a maintenance log but need to keep a transportation log to document service delivery.
  5. Vehicles equipped for transporting a passenger who remains in a wheelchair must be equipped with permanently installed floor wheelchair restraints for each wheelchair position and trip used.
  6. Have satisfactorily passed a criminal background check, and adult and child maltreatment registry checks. Criminal background and adult maltreatment checks must be repeated every five (5) years, and child maltreatment checks must be repeated every two (2) years.
  7. Have completed a pre-employment drug screen in accordance with the organization's policies and procedures. Documentation shall be maintained for review by DDS.

- B. Providers must assure and document that prior to transporting consumers, each driver meets all of the following requirements:
1. A current and valid driver's license or CDL, when appropriate;
  2. A statement signed by the driver attesting that they do not have a medical or physical condition, including vision impairment, that cannot be corrected and could interfere with safe driving, passenger assistance, and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public. The agency must assure that the statement is updated and signed by the driver each time the driver's health condition changes if the change is significant and will affect their ability to provide transportation safely.
  3. In the event of an accident that occurs during working hours and at which the driver is at fault or when personal injury occurs, the provider will conduct a chemical test or test of the driver's blood, breath, or urine for the purpose of determining the alcohol or drug content of the applicant's blood, breath and/or urine. A copy of the results shall be maintained on file for review as appropriate. Each provider shall develop and implement and implement policies and procedures regarding actions taken if the employee tests positive.
  4. A certificate of completion of a training course in first aid and cardio-pulmonary resuscitation (CPR) offered by the American Red Cross, the American Heart Association, the national safety council, or an equivalent course approved by DDS.
  5. A course of instruction in consumer assistance and transfer techniques, lift operation and how to properly secure a wheelchair, if applicable, prior to transporting consumers; and
  6. The driver has the ability to understand written and oral instructions and document services delivered.
- C. The provider must assure and document that each driver obtains the following:
1. A certificate of completion of an introductory defensive driving course;
  2. A certification of completion of training addressing the transport of older persons and people with disabilities, and a refresher course every three years thereafter, both of which must include:
    - a. Sensitivity to aging training;
    - b. An overview of diseases and functional factors commonly affecting older adults;
    - c. Environmental considerations affecting passengers;
    - d. Instruction in consumer assistance and transfer techniques;
    - e. Training on the management of wheelchairs, and how to properly secure a wheelchair;
    - f. The inspection and operation of wheelchair lifts and other assistive equipment; and,
    - g. Emergency procedures.
- D. The certificates of completion must be received as follows:
1. For all new drivers, the certificates of completion must be for training received by the driver within the first 30 days following the date on which the driver is hired or certified.

2. Drivers are required to complete refresher courses every three years after the date the certificate(s) of completion was received.

*Note: Drivers hired or certified prior to 11/01/07 must complete the required training and have documentation on file no later than 10/31/08.*

803 Providers must assure:

- A. Maintenance of a safety checklist completed prior to transporting consumer(s) and/or travel attendants. Checklist items shall include, but not be limited to, fire extinguisher; first aid kit,
- B. Maintenance of service logs or trip sheets that include the date of service the consumer's name, the pick-up point and destination point for each trip, total mileage per trip, and the driver's signature.
- C. Assistance in transfer of the consumer, as necessary, safely from the consumer's door to the vehicle and from the vehicle to the entrance of the destination point. The provider must perform the same transfer assist service when transporting the consumer back to the consumer's residence.

*Note: The safety checklist is required to be completed on once a day in the event a consumer is transported multiple times during the same day.*

804 The provider shall provide transportation in accordance with the individual's plan of care.

805 The provider must document and maintain a record of each service related consumer contact and each service delivered, including date of contact, type of contact and name(s) of person(s) having contact with the consumer. The provider must maintain documentation for each episode of service that includes a description of the service provided, the date and time of consumer pick-up and delivery, the name and signature of the driver, and name and signature of the consumer to whom transportation services were provided.

## **900 PROVIDER QUALIFICATIONS: ADAPTIVE EQUIPMENT (ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS)**

- 901 ACS Adaptive Equipment service provides for the purchase, leasing and, as necessary, repair of adaptive, therapeutic, and augmentative equipment required to enable individuals to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise. The service may also include adaptive equipment needs for supportive employment; devices, controls or appliances that enable the person to perceive, control or communicate with the environment in which they live; computer equipment when it allows the person control of his or her environment, assists in gaining independence or it can be demonstrated that it is necessary to protect health and safety; communication Board/organizations; and personal emergency response systems (PERS).
- 902 Providers of ACS Adaptive Equipment must be registered with the office of the Arkansas Secretary of State to do business in Arkansas.
- 903 Adaptive Equipment must be approved and authorized by DDS and must be included in the consumer's plan of care.
- 904 A unit of services is the item purchased or rented, and the unit rate is the purchase, installation and/or rental price authorized for the item by DDS.
- A. The provider must assure professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the consumer or the consumer's caregiver in the use of an item furnished.
  - B. The provider must have the prior approval of DDS for any adaptive equipment items purchased and delivered.
- 905 The provider must assume liability for equipment, warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for adaptive equipment are not reimbursable as rental equipment.
- 906 The provider must, in collaboration with the case manager, ascertain and recoup any third-party resource(s) available to the consumer prior to billing DDS or its designee. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.
- 907 The provider must submit the price for an item to be purchased or rented within five (5) business days of the case manager's request. The provider must maintain a record for each order. The documentation shall consist of:
- A. The date the order was received and the name of the case manager placing the order

- B. The price quoted for the item
  - C. The date the quote was submitted to the case manager.
- 908 The provider must maintain a record for each consumer. The record must document the delivery, installation of the item(s) purchased or rented, any education and/or instructions for the use of the equipment and/or supplies provided to the consumer, and must include documentation of delivery of item(s) to the consumer. The documentation shall consist of:
- A. The consumer's signature, the signature of the consumer's caregiver or electronic verification of delivery; and
  - B. The date on which the equipment and/or supplies were delivered.
- 909 Providers certified to provide Personal Emergency Response Systems (PERS) must assure that its PERS services meet the following requirements:
- A. The PERS services must be capable of being activated by remote wireless equipment and be connected to the consumer's primary telephone service. In the case of a consumer without primary telephone services, DDS may authorize an alternative way of connecting the PERS service.
  - B. The provider must furnish replacement PERS home equipment to the consumer within twenty-four hours of notification of a malfunction.
  - C. The provider must ensure the consumer has hands-free, voice-to-voice communication with the response center, when applicable.
  - D. PERS equipment must be tested and listed, and meet the underwriters laboratories (UL) safety standard specification for home health signaling equipment.
  - E. The PERS provider must provide an array of remote activating devices for consumers with special needs.
  - F. PERS services must be usable by visually-and hearing-impaired consumers and the home PERS equipment must give visual and audible indications of alarm activation.
  - G. The provider must be able to provide PERS services in the consumer's native language.
  - H. The provider must ensure PERS services are provided without interruption.
  - I. The provider must ensure the PERS remote activating device is waterproof and meets industry safety standards.

## **1000 PROVIDER QUALIFICATIONS: ENVIRONMENTAL MODIFICATION SERVICES**

- 1001 Environmental modifications are adaptations to the waiver participant's place of residence (structure) that are necessary to ensure the health, welfare and safety of the individual or that enable the individual to function with greater independence and without which the individual would require institutionalization. Adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Refer to approved ACS Waiver AR 0188.90.R2.
- 1002 Eligible providers of environmental modification services may be agencies or individuals. Providers must be registered with the Secretary of State to do business in Arkansas and be appropriately licensed and bonded in the State of Arkansas, as required, or other appropriate credentials to perform jobs requiring specialized skills, including but not limited to:
- A. Electrical work
  - B. Heating and ventilation; and
  - C. Plumbing work
- 1003 All services must be provided as directed by the individual's multi-agency plan of care and in accordance with all applicable state or local building codes.
- 1004 Except as otherwise provided below, environmental modification providers must obtain and furnish evidence of compliance with:
- A. The written consent of the property owner to modify the property. When appropriate, the provider must ensure that the owner understands that the property will be left in the modified state after the consumer vacates the premises.
  - B. Environmental modifications must be made within the existing square footage of the residence and cannot add to the square footage of the building.
  - B. All permits required by law, including building permits, prior to commencing work on each job order.
  - C. Any necessary inspections, inspection reports, and permits required by federal, state and local laws upon completion of each job to verify that the repair, modification or installation was completed. The provider must obtain these inspections, inspection reports, and permits prior to billing for the completed job.
  - D. A signed and dated authorization from the consumer's case manager, or case manager's designee, for each job order prior to commencing work.
- 1004 The provider must:
- A. Inform the consumer and DDS or its designee of any health and/or safety risks expected during the job; and assist the consumer and case manager to coordinate dates and times of work to assure minimal risk of hazard to the consumer.



- B. Furnish a warranty covering workmanship and materials with the final invoice submitted to DDS's designee. DDS and DDS's designee will not pay any invoice that is not accompanied by a warranty.
  - C. Assure that any smoke and/or heat detectors authorized to be installed by the provider will be installed only by individuals certified by the state fire marshal.
  - D. Obtain the consumer's or caregiver's signature, and the case manager's signature, and date at the close of the job order to certify that the work authorized has been completed, the consumer's property has been left in satisfactory condition, and any incidental damages have been repaired.
- 1005 The provider must maintain an itemized record of all expenses including materials and labor associated with the job order for a minimum of five years.

## **1100 PROVIDER QUALIFICATIONS: SPECIALIZED MEDICAL SUPPLIES**

- 1101 Specialized medical supplies include items necessary for life support and the ancillary supplies and equipment necessary for the proper functioning of such items. Non-durable medical equipment not available under the Medicaid State Plan may also be provided as an ACS specialized medical supply.
- 1102 Specialized medical supplies must be approved and authorized by DDS and must be included in the consumer's plan of care.
- 1103 A unit of services is the item purchased or rented, and the unit rate is the purchase, installation and/or rental price authorized for the item by DDS.
- A. The provider must assure professional, ongoing assistance when needed to evaluate and adjust products delivered and/or to instruct the consumer or the consumer's caregiver in the use of an item furnished.
  - B. The provider must have the prior approval of DDS for any adaptive equipment/medical supply items purchased and delivered.
- 1104 The provider must assume liability for equipment, warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties. Replacement items or parts for adaptive equipment/medical supplies are not reimbursable as rental equipment.
- 1105 The provider must, in collaboration with the case manager, ascertain and recoup any third-party resource(s) available to the consumer prior to billing DDS or its designee. DDS or its designee will then pay any unpaid balance up to the lesser of the provider's billed charge or the maximum allowable reimbursement.
- 1106 The provider must submit the price for an item to be purchased or rented within five (5) business days of the case manager's request. The provider must maintain a record for each order. The documentation shall consist of:
- A. The date the order was received and the name of the case manager placing the order
  - B. The price quoted for the item
  - C. The date the quote was submitted to the case manager.
- 1107 The provider must maintain a record for each consumer. The record must document the delivery, installation of the item(s) purchased or rented, any education and/or instructions for the use of the equipment and/or supplies provided to the consumer, and must include documentation of delivery of item(s) to the consumer. The documentation shall consist of:
- A. The consumer's signature, the signature of the consumer's caregiver or electronic verification of delivery; and
  - B. The date on which the equipment and/or supplies were delivered.

## **1200 PROVIDER QUALIFICATIONS: ORGANIZED HEALTH CARE DELIVERY SYSTEM**

- 1201 The DDS Alternative Community Services (ACS) Waiver allows a provider who is certified as a DDS ACS case manager or a DDS ACS supportive living services provider to enroll in the Arkansas Medicaid Program as a DDS ACS Organized Health Care Delivery System (OHCDS) provider.
- 1201.1 DDS may approve a provider for any other ACS Waiver service via a written, formal sub-contract with an entity qualified to furnish the service. The agency shall maintain a signed copy for all sub-contracts for services provided under OHCDS.
- 1202 The agency shall ensure all sub-contractor's services meet all applicable standards and will assess performance on a regular basis.
- A. The organization shall ensure that sub-contractors providing OHCDS services are in compliance with all applicable ACS Waiver Certification policies and must have verification and documentation of all applicable items. These include, but are not limited to:
    - 1. Qualifications required for the specific ACS Waiver service
    - 2. All applicable licensing/bonding is in place as required
    - 3. Sub-contractors comply with all documentation and record keeping requirements as specified
  - B. The OHCDS provider:
    - 1. is solely liable for compliance to all applicable ACS Waiver rules and regulations;
    - 2. Must comply with all federal and state laws, rules and regulations that apply to an employer/employee relationship. When sub-contracting as an OHCDS there can be no employer/employee relationship.
    - 3. All sub-contract relationships must be supported with performance and outcome based contracts.
  - C. The organization shall demonstrate:
    - 1. Reviews of all contract personnel utilized by the organization that:
      - a. Assess performance of their contracts
      - b. Ensure all applicable policies and procedures of the organization are followed
      - c. Ensure they conform to DDS standards applicable to the services provided
      - d. Are performed annually

## **1300 PROVIDER QUALIFICATIONS: CONSULTATION SERVICES**

**Note: Organizations certified to provide Consultation Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Consultation Services must comply with sections 106, 110, 112 and 200 through 411.**

1301 Consultation services assist waiver participants, parents and/or guardians and/or responsible individuals, community living services providers and alternative living setting providers in carrying out the participant's plan of care.

1302 Consultation activities may be provided by professionals who are licensed as:

- A. Psychologists
- B. Psychological examiners
- C. Mastered social workers
- D. Professional counselors
- E. Speech pathologists
- F. Occupational therapists
- G. Registered nurses
- H. Certified parent educators
- I. Certified communication and environmental control adaptive equipment/aids providers

Credentials must match the specific consultation service to be provided. Refer to approved ACS Waiver AR 0188.90 R2.

1303 Consultation service providers must hold a current license/certification by their respective state Board of licensing/certification as follows:

- A. Psychologists: Current license as a Psychologist by the Arkansas Board of Examiners in Psychology
- B. Psychological Examiners: Current license as a Psychological Examiner by the Arkansas Board of Examiners in Psychology
- C. Mastered social workers: Current license as an LMSW or ACSW by the Arkansas Board of Social Work
- D. Professional counselors: Current license as a counselor by the Arkansas Board of Examiners in Counseling
- E. Speech pathologists: Current license in Speech Therapy by the Arkansas Board of Audiology and Speech Language Pathology
- F. Occupational therapists: Current license in Occupational Therapy by the Arkansas State Medical Board
- G. Registered Nurses: Current license as a Registered Nurse by the Arkansas Board of Nursing
- H. Certified parent educators: Current certification as a Qualified Mental Retardation Professional

- I. Certified communication and environmental control adaptive equipment/aids providers: Documentation as a current provider of Durable Medical Equipment with the Arkansas Medicaid Program.

1303.1 Consultation Services providers provide documentation of the following:

- A. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted
- B. Arkansas Child Maltreatment Central Registry Ark. Code Ann. §§ 12-12-501 – 12-12-515 has been completed and the response is filed, or a second request submitted
  - 1. Each agency shall adopt policies addressing what actions will be taken if an adult family member's name appears on these registries when the individual being served is in an alternative living home, or group home.
  - 2. The organization should adopt policies requiring subsequent criminal checks and registry checks.
  - 3. The results of criminal background check

*Note: Any person who submits evidence of holding a current professional license shall not be subject to the requirements under Section 1303.1.*

1304 Consultation services providers shall provide/participate in the following activities in order to assist the individual/family/caregiver in implementing the person's plan of care:

- A. Provision of updated psychological/adaptive behavior testing, as appropriate. A copy of the testing shall be maintained for review.
- B. Screening, assessing and develop and implementing therapeutic treatment plans, as appropriate;
- C. Assisting in the design and integration of individual objectives as part of the overall individualized service planning process;
- D. Training of direct care staff or family members in carrying out special community living services strategies identified in the person's service plan, as appropriate. The provider shall document the training provided to include the date, person(s) trained, a summary of the specific training provided, signature of the person(s) trained and shall be signed by the provider.
- E. Providing information and assistance to the individuals responsible for develop and implementing the participant's overall service plan
- F. Participating on the interdisciplinary/multi-agency plan of care team, when appropriate;
- G. Consulting with and providing information and technical assistance with other service providers or with direct service staff and/or family members in carrying out a participant's service plan;
- H. Assisting direct services staff or family members in making necessary program adjustments in accordance with the person's service plan;
- I. Determining the appropriateness and selection of adaptive equipment to include communication devices and computers, when appropriate;

- J. Training and/or assisting persons, direct services staff or family members in the set up and use of communication devices, computers and software, when appropriate. The provider shall document the training provided to include the date, person(s) trained, a summary of the specific training provided, signature of the person(s) trained and shall be signed by the provider.
- K. Assisting in dealing with person's behavioral challenges and in the development and implementation of a behavioral management plan for the person.
- L. Training of direct services staff and/or family members by a professional consultant in:
  - i. Activities to maintain specific behavioral management programs applicable to the person, when appropriate;
  - ii. Activities to maintain speech pathology, occupational therapy or physical therapy program treatment modalities specific to the person;
  - iii. The provision of newly identified medical procedures necessary to sustain the person in the community.

The provider shall document the training provided to include the date, person(s) trained, a summary of the specific training provided, signature of the person(s) trained and shall be signed by the provider.

## 1400 PROVIDER QUALIFICATIONS: ACS RESPITE CARE

**Note: Organizations certified to provide Respite Care Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Respite Care Services must comply with sections 106, 110, 112 and 200 through 411.**

- 1401 ACS respite care is defined as services provided to or for waiver participants, regardless of their age, who are unable to care for themselves. It is furnished on a short-term basis because of the absence or need for relief of non-paid individuals, including parents of minors, primary caregivers, and spouses of participants, who normally provide their care. These services are not intended to supplant the responsibility of the parent or guardian. Parents or guardians will be responsible for the cost of basic child care, which is defined as fees charged for services provided in a specific childcare setting the same as for a child who does not have a developmental disability, mental retardation or both.
- 1402 Certified ACS Respite Care providers must demonstrate evidence of the following personnel requirements for all direct care staff:
- A. Respite Care staff must meet all of the following minimum requirements prior to working with consumers:
1. Have a high school diploma, OR  
Have successfully completed a GED, and have a minimum of one year of relevant, supervised work experience with a public health, human services or other community service agency, OR  
Have a minimum of two years verifiable experience with individuals with developmental disabilities may be used in lieu of the aforementioned qualification OR  
Have two (2) years of verifiable successful work history.  
*Note: This standard applies to all ACS Respite Services direct care staff hired after 11/01/07.*
  2. Have the ability to understand written activity plans, execute instructions, and document services delivered.
  3. Have the ability to communicate effectively with consumers
  4. Have the ability to access emergency service systems; and
  5. Have the ability to access transportation services required as appropriate.
  6. Have satisfactorily passed a criminal background check, and adult and child maltreatment registry checks. Criminal background and adult maltreatment checks must be repeated every five (5) years, and child maltreatment checks must be repeated every two (2) years.
  7. Have completed a drug screen in accordance with the organization's policies and procedures prior to employment. Documentation shall be maintained for review by DDS.
- 1403 ACS respite care may be provided in the individual's home or place of residence, a direct care staff worker's home, a foster home, ICF/MR, group home, or licensed respite care facility.

1404 Facilities/locations of respite care services must meet the following standards (this provision excludes respite services provided in an individual's home or place of residence):

1404.1 Accessibility Requirements

- A. The organization shall ensure architectural accessibility at each facility based on the individual's needs.
  - 1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual's needs.
- B. 29 U.S.C. §§ 706 (8), 794 – 794(b) "Disability Rights of 1964" and U.S.C. § 12101 et. seq. "American with Disabilities Act of 1990"
  - 1. Compliance with the above laws is required to receive federal monies. Program description of who can be served shall be specific enough to include any persons the facility or staff would be prevented from serving.

1404.2 Physical Plant Structure

- A. All water, food service, and sewage disposal systems must have approval of local, state, and federal regulatory agencies, as applicable.
  - 1. If the site is on city water and sewage lines, those items will not be checked.
  - 2. If the site has a well and/or septic tank, there shall be evidence that these are in compliance with the Arkansas Department of Health and local regulations.
- B. Floor furnaces, gas heaters, electric heaters, hot radiators, and exposed water heaters are protected by screens or guards that are without sharp corners and are attached to floor or wall to prevent persons from falling against the guard and knocking it over.
- C. Gas heaters are the enclosed type, properly vented to the outside, and installed with permanent connection with cut-off valve in the rigid part of the gas supply pipe.
  - 1. The preferred gas heater is one with a pilot light and automatic cut-off valve which automatically cuts off gas to the main burner when the pilot light goes out.
- D. Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.

1404.3 Environment

- A. Temperature is maintained within a normal comfort range for the climate.
  - 1. The recommended standard for range of comfort is from 65 to 80 degrees F (U.S. Atmospheric Standards 29.1)
  - 2. We understand that there may be variances within a building but efforts shall be made to maintain a comfortable temperature range.
- B. All areas of the facility are lighted in accordance with the usage of the area.
- C. The program maintains the interior and exterior of the building in a sanitary and repaired condition.
- D. The premises are free of offensive odors.
- E. The facility shall be maintained free of infestations of insects and rodents.



1. Pest control at each facility is administered by appropriately licensed personnel.
- F. The organization shall establish written procedure regarding smoking that is in accordance with The Clean Air Indoor Act (Act 8 of 2006).
  1. For all licensed group homes, smoking will not be permitted in the following areas:
    - a. Common Work Areas
    - b. Private Offices
    - c. Elevators
    - d. Hallways
    - e. Restrooms
    - f. All other enclosed areas.
  2. Exemptions
    - a. Private residences or health care facility
    - b. Outdoor areas of a group home
- H. All materials and equipment and supplies are stored and maintained in a safe condition. Cleaning fluids and detergents are stored in original containers with labels describing contents.
  1. All Material Safety Data Sheets (MSDS) must be on file and current.

1404.4 Established emergency procedures shall detail actions to be taken in the event of emergency and promote safety in the situations listed below (2.a-f).

- A. Details of emergency plans shall be in written form, and shall be available and communicated to all members of the staff and other supervisory personnel.
- B. There are written emergency procedures for:
  1. Fires.
  2. Bomb threats
  3. Natural disasters.
  4. Utility failures
  5. Medical emergencies
  6. Safety during violent or other threatening situations
- C. There are written emergency procedures that satisfy:
  1. The requirements of applicable authorities.
  2. Practices appropriate for the locale. Example: Nuclear evacuations for those living near a nuclear plant.
- D. Provider shall maintain an emergency alarm system for each type of drill (fire and tornado).
- E. Persons served, as appropriate, shall be educated and trained about emergency and evacuation procedures.

1404.5 For all facilities where the organization delivers services or provides administration on a regular and consistent basis, the organizations shall establish written procedures for evacuation

- A. Evacuation procedures shall address:
  1. When evacuation is appropriate.
  2. Complete evacuation from the physical facility.
  3. The safety of evacuees.

4. Accounting for all persons involved.
  5. Temporary shelter, when applicable.
  6. Identification of essential services.
  7. Continuation of essential services.
  8. Emergency phone numbers.
  9. Notification of the appropriate emergency authorities.
- B. Evacuation routes must be posted in conspicuous places, except in residential settings.
- 1404.6 Battery operated or electronic smoke detectors, heat sensors, carbon monoxide detectors and/or sprinklers shall be provided in all buildings where services are provided and shall meet life safety codes.
- A. Fire Marshall's report shall be followed as to placement of these devices.
  - B. Equipment shall be tested at least quarterly or as recommended by the manufacturer/monitoring contractor.
- 1404.7 Fire extinguishers shall be required to the extent specified by the State Fire Marshall or his designee and checked annually.
- A. The Fire Marshall uses Ark. Code Ann. §§12-13-101 - 12-13-116 "Fire Prevention Act" which follows the Life Safety Code 101 and additional National Fire Prevention Agency publications.
- 1404.8 Emergency lighting is maintained, (i.e., flashlight or other battery operated lights) as required by the life safety codes.
- 1404.9 First aid kit and current first aid manual is on-site.
- A. Antidote charts and the telephone numbers of poison control centers shall be readily accessible.
    1. This can be obtained through Poison Control center at University of Arkansas Medical Science Center in Little Rock if you cannot get locally.
- 1404.10 Provisions shall be made to control water temperature adhering to current literature regarding water safety with a maximum temperature of 120 degrees.
- 1405 PROVIDER OWNED CONGREGATE LIVING FACILITIES (CURRENTLY LICENSED GROUP HOMES)  
 CONGREGATE LIVING FACILITIES MUST COMPLY WITH SECTIONS 1400-1404.10 IN ADDITION TO THE FOLLOWING REQUIREMENTS:
- A. In congregate housing, provisions shall be made to address the need for:
    1. Smoking or nonsmoking areas.
    2. Quiet areas.
    3. Areas for visits.
    4. Other issues, as identified by the residents
  - B. Individuals shall be allowed free use of all space within the group living facility/alternative living site with due regard for privacy, personal possessions of other residents/staff, and reasonable house rules.
  - C. All facilities used in serving or housing consumers must meet all local and state building codes, regulations and laws.

- D. Facilities must be able to provide individuals access to community resources and be located in a safe and accessible location.
  - 1. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.
    - a. This can be achieved through transportation or through local community resources.
- E. The living and dining areas shall be provided with normalized furnishings for the usual functions of daily living and social activities.
  - 1. Must include a minimum of one chair or seating area per individual.
  - 2. Normalized is defined as couches, chairs, lamps, TV, etc.
- F. The kitchen shall have equipment, utensils, and supplies to properly store, prepare, and serve three (3) meals a day.
- G. Bedroom areas:
  - 1. Shall be arranged so that privacy is assured for individuals. Sole access to these rooms is not through a bathroom or other bedrooms.
  - 2. Shall have doors that do not have vision panels.
    - a. A request for a waiver may be submitted to DDS Licensure and must be based on the individual's documented individual behavior needs.
  - 3. When shared by one or more individuals, the program shall actively address the need to designate space for privacy and individual interests.
  - 4. Physical arrangements shall be compatible with the physical needs of the individuals.
  - 5. Each person shall have an individual bed. Each bed has a clean, adequate, comfortable mattress.
    - a. Beds are of suitable dimensions to accommodate the persons who are using them. Mattresses are waterproof as necessary.
    - b. Each individual will have bedding and these shall include a suitable pillow, pillowcase, sheets, blanket, and spread.
    - c. Bedding is appropriate to the season and individual's personal preferences. Bed linens are replaced with clean linens at least weekly.
  - 6. Bedroom furnishings for individuals shall include shelf space, individual chest or dresser space, and a mirror. An enclosed closet space adequate for the belongings of each person shall be provided.
  - 7. 80 square feet per individual in multi-sleeping rooms; 100 square feet in single rooms
- H. Bathroom areas:
  - 1. Sole access is not through another individual's bedroom.
  - 2. A minimum of one commode and lavatory facility is provided for every four (4) individuals.
  - 3. A minimum of one tub or shower facility is provided for every eight (8) individuals.
  - 4. Are well ventilated by natural or mechanical methods.
  - 5. Commodes, tubs, and showers used by individuals provide for individual privacy.

6. Lavatories and commode fixtures are designed and installed in an accessible manner so that they are usable by the individual's living in the home.

1406 PROVIDER OWNED INDIVIDUAL HOMES AND ALTERNATIVE HOMES: INCLUDES APARTMENT OR HOUSE, APARTMENT COMPLEXES, OR ANY OTHER PROVIDER CONTROLLED LIVING ARRANGEMENT. PROVIDER OWNED INDIVIDUAL HOMES AND ALTERNATIVE HOMES MUST MEET THE REQUIREMENTS SPECIFIED IN SECTIONS 1400-1404.10 IN ADDITION TO THE FOLLOWING REQUIREMENTS:

- A. Individuals shall be allowed free use of all space within their living environment with due regard for privacy, personal possessions of other individual's, and reasonable rules.
- B. All facilities used in serving or housing consumers must meet all local and state building codes, regulations and laws.
- E. Bedroom areas:
  1. Are arranged so that privacy is assured for individuals.
  2. Are shared by one or more individuals, the program actively addresses the need to designate space for privacy and individual interests.
  3. Are compatible with the physical needs of the individuals.
  4. Each person has an individual bed. Each bed has a clean, adequate, comfortable mattress.
    - a. Beds are of suitable dimensions to accommodate the persons who are using them. Mattresses are waterproof as necessary.
- F. Bathroom areas:
  1. Lavatories and commode fixtures shall be designed and installed in an accessible manner so that they are usable by the individual's living in the home.
  2. Are well ventilated by natural or mechanical methods.

## **1500 PROVIDER QUALIFICATIONS: CRISIS INTERVENTION SERVICES**

**Note: Organizations certified to provide Crisis Intervention Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Crisis Intervention Services must comply with sections 106, 110, 112 and 200 through 411.**

- 1501 Crisis Intervention services are defined as services delivered in the participant's place of residence or other local community site by a mobile intervention team or professional. Crisis intervention services must be available 24 hours a day, 365 days a year and must be targeted to provide technical assistance and training in the areas of behavior already identified. Services are limited to developmental disabilities approved waiver settings for current or targeted waiver service participants. Admission guidelines must be as approved by the Division of Developmental Disabilities Services and apply when:
- A. The individual is receiving waiver services in a community placement
  - B. The individual needs non-physical intervention to maintain or re-establish behavior management plan and prevent admission into a crisis center or ICF/MR
  - C. Intervention is on-site in the community
- 1503 Qualified Crisis Intervention service providers must hold a current license/certification by their respective state Board of licensing/certification as follows:
- A. Psychologists: Current license as a Psychologist by the Arkansas Board of Examiners in Psychology
  - B. Psychological Examiners: Current license as a Psychological Examiner by the Arkansas Board of Examiners in Psychology
  - C. Mastered social workers: Current license as an LMSW or ACSW by the Arkansas Board of Social Work
  - D. Professional counselors: Current license as a counselor by Arkansas Board of Examiners in Counseling
  - E. Qualified Mental Retardation Professional: Current certification by the ACS Waiver Crisis Intervention Provider
- 1504 Qualified Crisis Intervention Providers must have satisfactorily passed a pre-employment drug screen. Documentation of the results of the screen must be maintained on file for review.
- 1505 Crisis Intervention providers must be able to initiate services on-site within two (2) hours of request. Documentation for crisis intervention services must, at a minimum, include the time of the request and the name of the individual making the request, the time of arrival on-site, a summary of the intervention services provided, any recommendations for changes in the behavior plan or recommendations in change in medications, the time intervention services were discontinued, signature of the provider, and the signature of the case manager/caregiver as appropriate.

#### 1506 Incident / Accident Reporting

- A. The organization shall **report the following incidents to the DDS Quality Assurance Unit**. This report shall contain: date, accident/injury, time, location, persons involved, action taken, follow-up, remediation and signature of person writing the report.

The following are reportable incidents:

1. Use of seclusion or restraint.
2. Maltreatment or abuse as defined in statutes (See Ark. Code Ann. §§ 12-12-501 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5-28-109 (102))
3. Incidents involving injury:
  - a. Accident/injury reports shall be completed for each accident/injury that requires the attention of an EMT, Paramedic or Physician.
    1. Accident is defined as an event occurring by chance or arising from unknown causes.
    2. Injury is defined as an act that damages or hurts and results in outside medical attention.
    3. A copy of the report must be sent to parent/guardian of all children (0-18), and to the guardian of adults regardless of severity of injury.
    4. Other health related conditions resulting in a visit to the Emergency Room or hospitalization
    5. Communicable disease
    6. Violence or aggression
    7. Sentinel events (i.e., an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof)
    8. Medication Errors
    9. Elopement and/or wandering defined as anytime the location of a person cannot be determined within 2 hours
    10. Vehicular accidents
    11. Biohazardous accidents
    12. Use or possession of illicit substances or use or possession of licit substances in an unlawful or inappropriate manner (i.e., possession of prescription drugs by a person to whom the drugs have not been prescribed and who has no legitimate interest in possession of prescription drugs, such as a parent or guardian)
    13. Arrests or convictions
    14. Suicide or attempted suicide
    15. Property destruction
    16. Any condition or event that prevents the delivery of DHS services for more than 2 hours
    17. Hospitalization

18. Behavior Incidents (incidents involving an individual's actions that are aggressive, disruptive and/or present a danger to the individual or to others)
19. Other areas, as required

## 1600 PROVIDER QUALIFICATIONS: CRISIS CENTER SERVICES

**Note: Organizations certified to provide Crisis Center Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Crisis Center Services must comply with sections 106, 110, 112, and 200 through 411.**

- 1601 Crisis center is a service provided in a crisis center equipped to provide short-term intervention. Services include 24-hour emergency care services for individuals eligible for waiver services with priority given to individuals with a dual diagnosis or based upon clinical judgment that a high probability exists that further evaluation and assessment will identify a dual diagnosis. Persons who are court ordered for alternate placement or who are involved with the court system in the State of Arkansas, Act 609 of 1995, may be considered eligible. Persons served by the ACS Waiver who have significant behavioral disorders and are in need of temporary intensive management or transition may also receive services.
- 1602 Qualified Crisis Center service providers must hold a current license/certification by their respective state Board of licensing/certification as follows:
- A. Psychologists: Current license as a Psychologist by the Arkansas Board of Examiners in Psychology
  - B. Psychological Examiners: Current license as a Psychological Examiner by the Arkansas Board of Examiners in Psychology
  - C. Mastered social workers: Current license as an LMSW or ACSW by the Arkansas Board of Social Work
  - D. Professional counselors: Current license as a counselor by the Arkansas Board of Examiners in Counseling
  - E. Qualified Mental Retardation Professional (QMRP): Current certification by the ACS Waiver Crisis Intervention Provider
- 1603 Qualified Crisis Center services providers must have satisfactorily passed a criminal background check, and adult and child maltreatment registry checks. Criminal background and adult maltreatment checks must be repeated every five (5) years, and child maltreatment checks must be repeated every two (2) years.
- Note: Any person who submits evidence of holding a current professional license shall not be subject to the requirements under Section 1303.1.*
- 1604 Qualified Crisis Center Providers must have satisfactorily completed a pre-employment drug screen in accordance with the organization's policies and procedures. Documentation of the results of the screen must be maintained on file for review.
- 1605 Admission Guidelines shall be approved by DDS.
- i. All admissions shall be made by an Admissions Committee capable of a 24 hour turnaround from receipt of referral.



- ii. Admissions shall be based upon age, sex and behavior compatibility with health and safety considerations.
- iii. Person must not be actively suicidal or homicidal or actively psychotic
- iv. Person must have a developmental disability as his/her primary presenting problem
- v. Person's behaviors limit his/her ability to function in his/her current placement and may be detrimental to the person's health and safety or the health and safety of others
- vi. Physical examination by a qualified medical professional shall be conducted as soon as possible upon admission, but no later than 24 hours after admission
- vii. Individuals in Levels I and II shall not be mixed.

1605.1 Placement in a crisis center may only be approved in no greater than 3-month increments. This does not imply a person must remain for a minimum of 3 months.

1605.2 Placement in a crisis center shall be used for stabilization, identification of alternate placements with emphasis on family reunification (when appropriate), and identification of support mechanisms to facilitate transition. An individual may be transitioned to the least restrictive environment available at the earliest possible time that will assure the highest probability of success.

#### 1606 Crisis Center Admission Guidelines:

##### 1606.1 Level I

- A. Person may be overtly assaultive/combative with ongoing risk of repeat assault to self and/or others or property
- B. Person's behaviors may indicate need for intensive physical behavior management interventions in order to reduce the risk of harm to self, others or property.
- C. Person's needs must be able to be met using local community services, (i.e., those needing psychiatric or convention hospitalization, shock treatment, etc.) are not appropriate.
- D. Person initially requires a self-contained program with little or no initial community integration.
- E. Person must be able to function with staff: client ratio of 1:2 (an exception may be granted for persons requiring 1:1 staff ratios with prior approval).

##### 1606.2 Level II

- A. Person may have been assaultive/combative in past, but is not currently at a high-risk level.
- B. Person may require behavior intervention at a physical level.
- C. Person is homeless due to unforeseen, uncontrollable contemporaneous circumstances.
- D. Person needs to be able to function in the community for part of the day with appropriate supervision.
- E. Person needs to be able to function with staff: client ratio of 1:3 (a waiver may be granted for persons requiring 1:2 staff ratios with prior approval).

### 1606.3 Level III

- A. Person displays behavior placing self, other persons or property in imminent danger or exhibits some signs of behavioral difficulties, but his/her behaviors can be controlled with non-physical interventions.
- B. Person must be able to function in community settings with very minimal supervision
- C. Person is usually transitioning from Level II placement, but may be admitted at this level.

### 1607 Crisis Center Services Plan of care

All persons shall have a pre-approved interim plan of care that permits options based upon the level of need. Each plan shall be specific to pre-identified treatment needs with the amount or intensity of each service option adjustable within a maximum daily reimbursement rate. Appropriate psychiatric supports shall be available. Medical needs shall be met.

### 1608 Facilities/locations of respite care services must meet the following standards:

#### 1608.1 Accessibility Requirements

- A. The organization shall ensure architectural accessibility at each facility based on the individual's needs.
  - 1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual's needs.
- B. 29 U.S.C. §§ 706 (8), 794 – 794(b) “Disability Rights of 1964” and U.S.C. § 12101 et. seq. “American with Disabilities Act of 1990”
  - 1. Compliance with the above laws is required to receive federal monies. Program description of who can be served shall be specific enough to include any persons the facility or staff would be prevented from serving.

#### 1608.2 Physical Plant Structure

- A. All water, food service, and sewage disposal systems must have approval of local, state, and federal regulatory agencies, as applicable.
  - 1. If the site is on city water and sewage lines, those items will not be checked.
  - 2. If the site has a well and/or septic tank, there shall be evidence that these are in compliance with the Arkansas Department of Health and local regulations.
- B. Floor furnaces, gas heaters, electric heaters, hot radiators, and exposed water heaters are protected by screens or guards that are without sharp corners and are attached to floor or wall to prevent persons from falling against the guard and knocking it over.
- C. Gas heaters are the enclosed type, properly vented to the outside, and installed with permanent connection with cut-off valve in the rigid part of the gas supply pipe.
  - 1. The preferred gas heater is one with a pilot light and automatic cut-off valve which automatically cuts off gas to the main burner when the pilot light goes out.
- D. Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.

### 1608.3 Environment

- A. Temperature is maintained within a normal comfort range for the climate.
  - 1. The recommended standard for range of comfort is from 65 to 80 degrees F (U.S. Atmospheric Standards 29.1)
  - 2. We understand that there may be variances within a building but efforts shall be made to maintain a comfortable temperature range.
- B. All areas of the facility are lighted in accordance with the usage of the area.
- C. The program maintains the interior and exterior of the building in a sanitary and repaired condition.
- D. The premises are free of offensive odors.
- E. The facility shall be maintained free of infestations of insects and rodents.
  - 1. Pest control at each facility is administered by appropriately licensed personnel.
- F. The organization shall establish written procedure regarding smoking that is in accordance with The Clean Air Indoor Act (Act 8 of 2006).
- H. All materials and equipment and supplies are stored and maintained in a safe condition. Cleaning fluids and detergents are stored in original containers with labels describing contents.
  - 1. All Material Safety Data Sheets (MSDS) must be on file and current.

### 1608.4 Established emergency procedures shall detail actions to be taken in the event of emergency and promote safety in the situations listed below (2.a-f).

- A. Details of emergency plans shall be in written form, and shall be available and communicated to all members of the staff and other supervisory personnel.
- B. There are written emergency procedures for:
  - 1. Fires.
  - 2. Bomb threats
  - 3. Natural disasters.
  - 4. Utility failures
  - 5. Medical emergencies
  - 6. Safety during violent or other threatening situations
- C. There are written emergency procedures that satisfy:
  - 1. The requirements of applicable authorities.
  - 2. Practices appropriate for the locale. Example: Nuclear evacuations for those living near a nuclear plant.
- D. Provider shall maintain an emergency alarm system for each type of drill (fire and tornado).
- E. Persons served, as appropriate, shall be educated and trained about emergency and evacuation procedures.

### 1608.5 For all facilities where the organization delivers services or provides administration on a regular and consistent basis, the organizations shall establish written procedures for evacuation

- A. Evacuation procedures shall address:
  - 1. When evacuation is appropriate.
  - 2. Complete evacuation from the physical facility.

3. The safety of evacuees.
  4. Accounting for all persons involved.
  5. Temporary shelter, when applicable.
  6. Identification of essential services.
  7. Continuation of essential services.
  8. Emergency phone numbers.
  9. Notification of the appropriate emergency authorities.
- B. Evacuation routes must be posted in conspicuous places, except in residential settings.

1608.6 Battery operated or electronic smoke detectors, heat sensors, carbon monoxide detectors and/or sprinklers shall be provided in all buildings where services are provided and shall meet life safety codes.

- A. Fire Marshall's report shall be followed as to placement of these devices.
- B. Equipment shall be tested at least quarterly or as recommended by the manufacturer/monitoring contractor.

1608.7 Fire extinguishers shall be required to the extent specified by the State Fire Marshall or his designee and checked annually.

- A. The Fire Marshall uses Ark. Code Ann. §§12-13-101 - 12-13-116 "Fire Prevention Act" which follows the Life Safety Code 101 and additional National Fire Prevention Agency publications.

1608.8 Emergency lighting is maintained, (i.e., flashlight or other battery operated lights) as required by the life safety codes.

1608.9 First aid kit and current first aid manual is on-site.

- A. Antidote charts and the telephone numbers of poison control centers shall be readily accessible.
  1. This can be obtained through Poison Control center at University of Arkansas Medical Science Center in Little Rock if you cannot get locally.

1608.10 Provisions shall be made to control water temperature adhering to current literature regarding water safety with a maximum temperature of 120 degrees.

1609 Incident / Accident Reporting

- A. The organization shall **report the following incidents to the DDS Quality Assurance Unit**. This report shall contain: date, accident/injury, time, location, persons involved, action taken, follow-up, remediation and signature of person writing the report. The following are reportable incidents:
  1. Use of seclusion or restraint.
  2. Maltreatment or abuse as defined in statutes (See Ark. Code Ann. §§ 12-12-501 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5-28-109 (102))
  3. Incidents involving injury:
    - a. Accident/injury reports shall be completed for each accident/injury that requires the attention of an EMT, Paramedic or Physician.

1. Accident is defined as an event occurring by chance or arising from unknown causes.
2. Injury is defined as an act that damages or hurts and results in outside medical attention.
3. A copy of the report must be sent to parent/guardian of all children (0-18), and to the guardian of adults regardless of severity of injury.
4. Other health related conditions resulting in a visit to the Emergency Room or hospitalization
5. Communicable disease
6. Violence or aggression
7. Sentinel events (i.e., an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof)
8. Medication Errors
9. Elopement and/or wandering defined as anytime the location of a person cannot be determined within 2 hours
10. Vehicular accidents
11. Biohazardous accidents
12. Use or possession of illicit substances or use or possession of licit substances in an unlawful or inappropriate manner (i.e., possession of prescription drugs by a person to whom the drugs have not been prescribed and who has no legitimate interest in possession of prescription drugs, such as a parent or guardian)
13. Arrests or convictions
14. Suicide or attempted suicide
15. Property destruction
16. Any condition or event that prevents the delivery of DHS services for more than 2 hours
17. Hospitalization
18. Behavior Incidents (incidents involving an individual's actions that are aggressive, disruptive and/or present a danger to the individual or to others)
19. Other areas, as required

## **1700 PROVIDER QUALIFICATIONS: SUPPORTED EMPLOYMENT SERVICES**

**Note: Organizations certified to provide Supported Employment Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Supported Employment Services must comply with sections 106, 110, 112 and 200 through 411.**

- 1701 Supported employment is designed for individuals for whom competitive employment at or above the minimum wage is unlikely or who, because of their disabilities, need intensive ongoing support to perform in a competitive work setting. The services consist of paid employment conducted in a variety of settings, particularly work sites in which individuals without disabilities are employed.
- 1702 Qualified providers must be currently licensed as a supported employment vendor by Arkansas Rehabilitation Services (ARS) and have certified Job Coaches. Continued licensure is a qualification requirement for the period the organization is certified to provide Supported Employment services. Documentation of current license and job coach certifications shall be maintained on file.
- 1703 In accordance with the federal definition, the provider work setting must provide frequent, daily social interaction among people with and without disabilities.
- 1703.1 The provider shall ensure that no more than eight people with disabilities work together and where co-workers without disabilities are present in the work setting or in the immediate vicinity.
- 1704 Physical Plant Requirements:  
The provider shall ensure that all work sites are in compliance with all local, state and federal regulatory requirements. The provider shall obtain a statement of certification signed by an authorized representative of the work site confirming compliance with all local, state and federal regulatory requirements for work sites (i.e., water, sewer, health, fire, OSHA, etc.), and is accessible to the individual.
- 1705 The provider shall be able to document the capability and expertise to provide the following Supported Employment activities:
- A. Activities needed to sustain paid work by waiver individuals, including supervision and training;
  - B. Re-training for job retention or job enhancement;
  - C. Job site assessments; and
  - D. Job maintenance visits with the employer for purposes of obtaining, maintaining and/or retaining current or new employment opportunities
  - E. Follow-along visits after ARS case has been closed to provide support to ensure the individual retains his/her employment. Follow-along should be included in the plan with a projected date for conclusion.

- 1704.1 The provider shall monitor satisfaction and compliance with the individual's plan of care monthly. At a minimum, this will consist of a face-to-face meeting with the individual twice monthly and once a month with the employer. The provider shall document monthly contacts in the individual's service file. Documentation shall include the date, time and location of the contact, a summary of the contact to include assessment of the services, and signature of the provider and the individual/employer.
- 1705.2 When on-site monitoring is not required to assess stability (as determined by the job coach); the provider may use alternative methods of gathering information for the twice-monthly assessment. This may include telephone calls with supervisors and off-site meetings with the individual as well as visits to the work site. The provider shall document monthly contacts in the individual's service file. Documentation shall include the date, time and location of the contact, a summary of the contact to include assessment of the services, and signature of the provider and the individual/employer.

## 1800 PROVIDER QUALIFICATIONS: COMMUNITY EXPERIENCES

**Note: Organizations certified to provide Community Experiences Services must comply with Sections 100, 200, 300, and 400 of this Manual. Individuals certified to provide Community Experiences Services must comply with sections 106, 110, 112 and 200 through 411.**

- 1801 Community experiences services are a flexible array of supports designed to allow individuals to gain experience and abilities that will prevent institutionalization. Through this broad base of learning opportunities, participants will identify, pursue and gain skills and abilities in activities that reflect their interests. Community experiences help to improve community acceptance, employment opportunities and general well-being. The services are preventive, therapeutic, diagnostic and habilitative and will create an environment that will promote a person's optimal functioning. Community experience services teach developmental and living skills in the natural environment or clinic setting to ensure maximum learning and generalization. The services focus on enabling the person to attain or maintain his or her potential functional level and must be coordinated with any physical, occupational or speech therapies listed in the plan of care. These services reinforce skills or lessons taught in school, therapy or other settings.
- 1802 Certified Community Experiences providers must demonstrate evidence of the following personnel requirements for all direct care staff:
- A. Community Experience staff must meet all of the following minimum requirements prior to working with consumers:
1. Have a high school diploma, OR  
Have successfully completed a GED, and have a minimum of one year of relevant, supervised work experience with a public health, human services or other community service agency, OR  
Have a minimum of two years verifiable experience with individuals with developmental disabilities may be used in lieu of the aforementioned qualification OR  
Have two (2) years of verifiable successful work history.  
*Note: This standard applies to all Community Experiences direct care staff hired after 11/01/07.*
  2. Have the ability to understand written activity plans, execute instructions, and document services delivered.
  3. Have the ability to communicate effectively with consumers
  4. Have the ability to access emergency service systems; and
  5. Have the ability to access transportation services required as appropriate.
  6. Have satisfactorily passed a criminal background check, and adult and child maltreatment registry checks. Criminal background and adult maltreatment checks must be repeated every five (5) years, and child maltreatment checks must be repeated every two (2) years.



7. Have completed a drug screen in accordance with the organization's policies and procedures prior to employment. Documentation shall be maintained for review by DDS.
- 1803 The provider shall develop and implement an individualized plan of treatment specifying the activities and supports to be provided to accomplish the individual goals or learning areas in the overall plan of care. Activities and services shall be adapted according to the individual's needs. The treatment plan shall be updated as needed to ensure services continue to meet the goals of the plan of care.
- 1803.1 Community Experience activities may include, but are not limited to:
- A. Community Based Time Management
  - B. Home Safety (sanitation, food handling, laundry, chemical storage)
  - C. Etiquette/Manners
  - D. Physical Exercise
  - E. Literacy
  - F. Job Interviewing Skills
  - G. Interpersonal Skills
  - H. Sex Education
  - I. Self Care/Proper Attire
  - J. Budgeting
  - K. Diet/Nutrition
  - L. Verbal Communication Skills
  - M. Self Improvement
- 1804 The provider must maintain a consumer record documenting each episode of service delivery, including the date of service, service tasks performed, name of the staff person providing the services, the beginning and ending times of services provided, and the provider staff's signature.

## **1900 COMMUNITY LIVING- PHYSICAL PLANT**

**1901** The physical plant of Provider owned/leased/rented facilities shall be compatible with services being provided and the needs of individuals and staff. The organization shall provide an accessible and safe environment and be in compliance with U.S.C. § 12101 et. seq. “American with Disabilities Act of 1990”.

### **1901.1 Accessibility Requirements**

- A. The organization shall ensure architectural accessibility at each facility based on the individual’s needs.
  - 1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual’s needs.
- B. 29 U.S.C. §§ 706 (8), 794 – 794(b) “Disability Rights of 1964” and U.S.C. § 12101 et. seq. “American with Disabilities Act of 1990”
  - 1. Compliance with the above laws is required to receive federal monies. Program description of who can be served shall be specific enough to include any persons the facility or staff would be prevented from serving.

### **1901.2 Physical Plant Structure**

- A. All water, food service, and sewage disposal systems must have approval of local, state, and federal regulatory agencies, as applicable.
  - 1. If the site is on city water and sewage lines, those items will not be checked.
  - 2. If the site has a well and/or septic tank, there shall be evidence that these are in compliance with the Arkansas Department of Health and local regulations.
- B. Floor furnaces, gas heaters, electric heaters, hot radiators, and exposed water heaters are protected by screens or guards that are without sharp corners and are attached to floor or wall to prevent persons from falling against the guard and knocking it over.
- C. Gas heaters are the enclosed type, properly vented to the outside, and installed with permanent connection with cut-off valve in the rigid part of the gas supply pipe.
  - 1. The preferred gas heater is one with a pilot light and automatic cut-off valve which automatically cuts off gas to the main burner when the pilot light goes out.
- D. Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.

### **1901.3 Environment**

- A. Temperature is maintained within a normal comfort range for the climate.
  - 1. The recommended standard for range of comfort is from 65 to 80 degrees F (U.S. Atmospheric Standards 29.1)
  - 2. We understand that there may be variances within a building but efforts shall be made to maintain a comfortable temperature range.
- B. All areas of the facility are lighted in accordance with the usage of the area.
- C. The program maintains the interior and exterior of the building in a sanitary and repaired condition.

- D. The premises are free of offensive odors.
- E. The facility shall be maintained free of infestations of insects and rodents.
  - 1. Pest control at each facility is administered by appropriately licensed personnel.
- F. The organization shall establish written procedure regarding smoking that is in accordance with The Clean Air Indoor Act (Act 8 of 2006).
  - 1. For all licensed group homes, smoking will not be permitted in the following areas:
    - a. Common Work Areas
    - b. Private Offices
    - c. Elevators
    - d. Hallways
    - e. Restrooms
    - f. All other enclosed areas.
  - 2. Exemptions
    - a. Private residences or health care facility
    - b. Outdoor areas of a group home
- H. All materials and equipment and supplies are stored and maintained in a safe condition. Cleaning fluids and detergents are stored in original containers with labels describing contents.
  - 1. All Material Safety Data Sheets (MSDS) must be on file and current.

1901.4 Established emergency procedures shall detail actions to be taken in the event of emergency and promote safety in the situations listed below (2.a-f).

- A. Details of emergency plans shall be in written form, and shall be available and communicated to all members of the staff and other supervisory personnel.
- B. There are written emergency procedures for:
  - 1. Fires.
  - 2. Bomb threats
  - 3. Natural disasters.
  - 4. Utility failures
  - 5. Medical emergencies
  - 6. Safety during violent or other threatening situations
- C. There are written emergency procedures that satisfy:
  - 1. The requirements of applicable authorities.
  - 2. Practices appropriate for the locale. Example: Nuclear evacuations for those living near a nuclear plant.
- D. Provider shall maintain an emergency alarm system for each type of drill (fire and tornado).
- E. Persons served, as appropriate, shall be educated and trained about emergency and evacuation procedures.

1901.5 For all facilities where the organization delivers services or provides administration on a regular and consistent basis, the organizations shall establish written procedures for evacuation

- A. Evacuation procedures shall address:
  - 1. When evacuation is appropriate.

2. Complete evacuation from the physical facility.
  3. The safety of evacuees.
  4. Accounting for all persons involved.
  5. Temporary shelter, when applicable.
  6. Identification of essential services.
  7. Continuation of essential services.
  8. Emergency phone numbers.
  9. Notification of the appropriate emergency authorities.
- B. Evacuation routes must be posted in conspicuous places, except in residential settings.

1901.6 Battery operated or electronic smoke detectors, heat sensors, carbon monoxide detectors and/or sprinklers shall be provided in all buildings where services are provided and shall meet life safety codes.

- A. Fire Marshall's report shall be followed as to placement of these devices.
- B. Equipment shall be tested at least quarterly or as recommended by the manufacturer/monitoring contractor.

1901.7 Fire extinguishers shall be required to the extent specified by the State Fire Marshall or his designee and checked annually.

- A. The Fire Marshall uses Ark. Code Ann. §§12-13-101 - 12-13-116 "Fire Prevention Act" which follows the Life Safety Code 101 and additional National Fire Prevention Agency publications.

1901.8 Emergency lighting is maintained, (i.e., flashlight or other battery operated lights) as required by the life safety codes.

1901.9 First aid kit and current first aid manual is on-site.

- A. Antidote charts and the telephone numbers of poison control centers shall be readily accessible.
  1. This can be obtained through Poison Control center at University of Arkansas Medical Science Center in Little Rock if you cannot get locally.

1901.10 Provisions shall be made to control water temperature adhering to current literature regarding water safety with a maximum temperature of 120 degrees.

## 1902 Community Living Arrangements

- A. Community housing shall address the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive.
  1. The residences in which services are provided may be owned, rented, leased, or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.
  2. Community housing shall be provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services are focused on home and community integration and

- engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served.
- 3. Participants shall be safe and secure in their homes and communities, taking into account their informed and expressed choices.
- 4. Participant risk and safety considerations shall be identified and potential interventions considered that promote independence and safety with the informed involvement of the participant.

1903 PROVIDER OWNED CONGREGATE LIVING FACILITIES (CURRENTLY LICENSED GROUP HOMES) IN ADDITION TO THE REQUIREMENTS SPECIFIED IN SECTION 1900-1902, PROVIDER OWNED CONGREGATE LIVING FACILITIES MUST MEET THE FOLLOWING REQUIREMENTS:

- A. In congregate housing, provisions shall be made to address the need for:
  - 1. Smoking or nonsmoking areas.
  - 2. Quiet areas.
  - 3. Areas for visits.
  - 4. Other issues, as identified by the residents
- B. The safety and security of the participant's living arrangement shall be assessed, risk factors identified and modifications offered to promote independence and safety in the home.
- C. Individuals shall be allowed free use of all space within the group living facility/alternative living site with due regard for privacy, personal possessions of other residents/staff, and reasonable house rules.
- D. All facilities used in serving or housing consumers must meet all local and state building codes, regulations and laws.
- E. Facilities must be able to provide individuals access to community resources and be located in a safe and accessible location.
  - 1. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.
    - a. This can be achieved through transportation or through local community resources.
- F. The living and dining areas shall be provided with normalized furnishings for the usual functions of daily living and social activities.
  - 1. Must include a minimum of one chair or seating area per individual.
  - 2. Normalized is defined as couches, chairs, lamps, TV, etc.
- G. The kitchen shall have equipment, utensils, and supplies to properly store, prepare, and serve three (3) meals a day.
- H. Bedroom areas:
  - 1. Shall be arranged so that privacy is assured for individuals. Sole access to these rooms is not through a bathroom or other bedrooms.
  - 2. Shall have doors that do not have vision panels.
    - a. A request for a waiver may be submitted to DDS Licensure and must be based on the individual's documented individual behavior needs.
  - 3. When shared by one or more individuals, the program shall actively address the need to designate space for privacy and individual interests.

4. Physical arrangements shall be compatible with the physical needs of the individuals.
5. Each person shall have an individual bed. Each bed has a clean, adequate, comfortable mattress.
  - a. Beds are of suitable dimensions to accommodate the persons who are using them. Mattresses are waterproof as necessary.
  - b. Each individual will have bedding and these shall include a suitable pillow, pillowcase, sheets, blanket, and spread.
  - c. Bedding is appropriate to the season and individual's personal preferences. Bed linens are replaced with clean linens at least weekly.
6. Bedroom furnishings for individuals shall include shelf space, individual chest or dresser space, and a mirror. An enclosed closet space adequate for the belongings of each person shall be provided.
7. 80 square feet per individual in multi-sleeping rooms; 100 square feet in single rooms
- I. The individual shall decorate his/her bedroom in an individual style which will respect the care of the property.
  1. Persons served determine the décor in their private quarters.
  2. Persons self-direct and provide input regarding decor in the home. Individual preferences shall be taken into consideration.
  3. Persons served are given opportunities to access the community to purchase decorative items for their home. Staff provides assistance and counsel regarding budgeting for long-range planning.
- J Bathroom areas:
  1. Sole access is not through another individual's bedroom.
  2. A minimum of one commode and lavatory facility is provided for every four (4) individuals.
  3. A minimum of one tub or shower facility is provided for every eight (8) individuals.
  4. Are well ventilated by natural or mechanical methods.
  5. Commodes, tubs, and showers used by individuals provide for individual privacy.
  6. Lavatories and commode fixtures are designed and installed in an accessible manner so that they are usable by the individual's living in the home.

1904 PROVIDER OWNED INDIVIDUAL HOMES AND ALTERNATIVE HOMES: INCLUDES APARTMENT OR HOUSE, APARTMENT COMPLEXES, OR ANY OTHER PROVIDER CONTROLLED LIVING ARRANGEMENT. IN ADDITION TO THE REQUIREMENTS SET FORTH IN SECTIONS 1900-1902, PROVIDER OWNED INDIVIDUAL HOMES AND ALTERNATIVE HOMES MUST MEET THE FOLLOWING REQUIREMENTS:

- A. Individuals shall be allowed free use of all space within their living environment with due regard for privacy, personal possessions of other individual's, and reasonable rules.
- B. The provider shall assist the individual in obtaining appropriate, normalized furnishings that meet the individual's needs. Examples might include couches, chairs, lamps, TV,

kitchen equipment and utensils, bedroom furnishings and bedding. Individual preferences shall be taken into consideration. For alternative homes this standard only applies to the private living quarters.

- C. The safety and security of the participant's living arrangement shall be assessed, risk factors identified and modifications offered to promote independence and safety in the home.
- D. All facilities used in serving or housing consumers must meet all local and state building codes, regulations and laws.
- E. Bedroom areas:
  - 1. Are arranged so that privacy is assured for individuals.
  - 2. Are shared by one or more individuals, the program actively addresses the need to designate space for privacy and individual interests.
  - 3. Are compatible with the physical needs of the individuals.
  - 4. Each person has an individual bed. Each bed has a clean, adequate, comfortable mattress.
    - a. Beds are of suitable dimensions to accommodate the persons who are using them. Mattresses are waterproof as necessary.
- F. Bathroom areas:
  - 1. Lavatories and commode fixtures shall be designed and installed in an accessible manner so that they are usable by the individual's living in the home.
  - 2. Are well ventilated by natural or mechanical methods.
- G. Facilities must be able to provide individuals access to community resources.
  - 1. Individuals must have access to the community in which they are being served. The site shall assure adequate/normal interaction with the community as a group and as an individual.
    - a. This can be achieved through transportation or through local community resources.

**SUGGESTED  
BOARD/ORGANIZATION TRAINING TOPICS**

**Policy Development and Implementation**

Planning and Evaluation  
Equal Employment Opportunity/Affirmative Action  
Employee Performance Evaluation  
Team Building  
Performance Management  
Effective meetings  
Due Process  
Freedom of Information

Overview of Department of Human Services  
Overview of Developmental Disabilities Services  
Philosophy and Goals  
Programs, Practices, Policies and procedures of Local Organizations  
Overview of Community Integration

History, Philosophy, Causes and Types, Functional Levels, Severity Levels, Prevention and Program Issues in Mental Retardation and Other Developmental Disabilities.

Introduction to Principles of Normalization  
Legal rights of Individuals with a Developmental Disability  
Interdisciplinary Approach Overview  
Age Appropriate Programming  
Medications – Implications, Side Effects, legality of Administering

Overview of Federal and State Laws related to serving people with Developmental Disabilities (see index):

U.S.C. S2000a – 2000 h-6; Ark. Code Ann. SS 6-41-222; 20 U.S.C S 14000 et. seq. (Part B & Part H); 29 U.S.C SS 706(8), 794-794(b);  
5 U.S.C S 552a; 42 U.S.C SS 6000-6083; Ark. Code Ann. SS 20-48-201 – 20-48-211; Ark. Code Ann. SS 28-65-101 – 28-65-109; Ark. Code Ann. SS 5-28-101 – 5-28-109; Ark. Code Ann. SS 12-12-501 – 12-12-515; Ark. Code Ann. SS 25-2-104, 25-2-105, 25-2-107, Ark. Code Ann. SS 25-10-102 – 25-10-116; Ark. Code Ann. SS 20-18-215; U.S.C. S 12101 et. Seq.; DHS Administrative Policy 3002-I (Revised) and DDS Service Policy 3016, Prevention of Transmission of Disease Borne by Blood or other Body Fluids such as AIDS and Hepatitis B; DDS Administrative Policy 1077 Chemical Right to Know; DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation.



INDEX  
ARKANSAS CODE ANNOTATIONS

Ark. Code Ann. SS 6-41-201 -  
6-41-222

Ark. Code Ann. SS 20-48-201 -  
20-48-211

Ark. Code Ann. SS 25-19-101 -  
25-19-515

Ark. Code Ann. SS 12-12-501 -  
12-12-515

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